

L220000312509

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

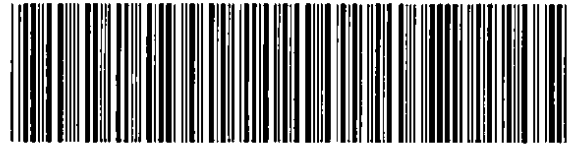
(Business Entity Name)

(Document Number)

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2023 AUG 29 AM 8:26
10 AM '23

[Handwritten signature]

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: C&D USA LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please direct all correspondence concerning this matter to the following:

ARIAM ISMAEL CUEVAS RIVAS

Name of Person

C&D USA LLC

Firm/Company

12285 SW 43 RD ST

Address

MIAMI, FL 33175

City/State and Zip Code

ARIAMCUEVAS76@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ARIAM ISMAEL CUEVAS RIVAS

305 874-9191

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is check for the following amount:

☒ \$5.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)



Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

C&D USA LLC

2023 AUG 29 AM 8:36

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 07/13/2022 and assigned
Florida document number 122000312509.

This amendment is submitted to amend the following:

A. If changing name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter the principal offices address, if applicable:

ARIAM ISMAEL CUEVAS RIVAS

(Principal office address MUST BE A STREET ADDRESS)

Enter the mailing address, if applicable:

12285 SW 43 RD ST

(Mailing address MAY BE A POST OFFICE BOX)

MIAMI FL 33175

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

ARIAM ISMAEL CUEVAS RIVAS

New Registered Office Address:

12285 SW 43 RD ST

Enter Florida street address

MIAMI

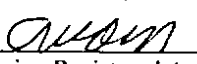
Florida 33175

City

Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being submitted merely to reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.


If Changing Registered Agent, Signature of New Registered Agent

If an existing Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager
AMBK = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	ARIAM ISMAEL CUEVAS RIVA	12285 SW 43RD ST MIAMI FL 33175	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	ARIKSEL GONZALEZ CASTELI	7152 SW 2 ND ST MIAMI, FL 33155	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

[illegible]

2. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the effective date on the Department of State's records.

19. 03

Typed or printed name of signee