## L22000343966

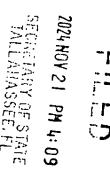
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## **COVER LETTER**

TO: Registration Se Division of Cor			
SUBJECT:	CDR Mult/sez Name of Lim	U/ce > L/C ited Liability Company	<del></del>
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	_ Roosevelt	Almosc Name of Person	
	<u>CDR</u>	Mutiservices L Firm/Company	LC
	250 Oleans		
	Winter haves	City/State and Zip Code	
	CDR mult (C) E-mail address: (1	Yahoo - Com tobe used for future annual report noti	fication)
For further information e	oncerning this matter, please co	all:	
Roosevelt	Almone	at (321) 246 Area Code Daytim	7753
Name o	i Person	Area Code Daytim	e Telephone Number
Enclosed is a check for the	he following amount:		
□ \$25.00 Filing Fee	(TV \$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

The Articles of Organization for this Limited Liability Company were filed on 9/29/2024 and assigned Florida document number 122000343966.  This amendment is submitted to amend the following:  A. If amending 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 "LLC."  Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)  Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  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 the Limited Liability Compa (A Florida Limited Liability Compa	ny as it now appears on our records.) Liability Company)
A. If amending 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 "LLC."  Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)  Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  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:		
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."  Enter new principal offices address, if applicable:  [Principal office address MUST BE A STREET ADDRESS]  Enter new mailing address, if applicable:  [Mailing address MAY BE A POST OFFICE BOX]  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 agent and/or the new registered Agent:	This amendment is submitted to amend the following:	
Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)  Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  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:	A. If amending name, enter the new name of the limited liab	ility company here:
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  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:	The new name must be distinguishable and contain the words "Limited Liabil	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  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:	Enter new principal offices address, if applicable:  (Principal office address MUST RE A STREET ADDRESS)	141 & Central Huence, Suk 420
Name of New Registered Agent:	Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	
2	B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	iddress on our records, enter the name of the new registered
New Registered Office Address:	Name of New Registered Agent:	
Enter Florida street address  Florida  Florida	New Registered Office Address:	
City Zip (cm)	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 filed to merely 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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
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record I is file	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after ted.	he
ated _	9/29/2024 2024.	
	Signature of a member or authorized representative of a member	
	Signature of a member of authorized representative of a member	

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Filing Fee: \$25.00