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(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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OUD ICCT	CONCORE	DIA LEGAL AMERICAS LLO	:	
SUBJECT:		Name of Lim	ited Liability Company	·
The enclose	d Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	n all correspo	ondence concerning this matter	to the following:	
		DAVID CACEROS		
			Name of Person	
		DAVCA INC		
			Firm/Company	, , , , , , , , , , , , , , , , , , ,
		590 SW 178TH WAY		
			Address	
		PEMBROKE PINES, FL	33029	
			City/State and Zip Code	<u> </u>
		info@davcainc.com		
		E-mail address; (to be used for future annual report n	otification)
For further i	nformation c	oncerning this matter, please c	all:	
DAVID CA	CEROS		954 837-8165 at ()	
	Name o	f Person	Area Code Dayt	ime Telephone Number
Enclosed is	a check for th	ne following amount:		
图 \$25.00	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)
	niling Addres		Street Address:	Santion
	gistration S vision of C	Section forporations	Registration S Division of C	
P.0	O. Box 632	27	The Centre of	Tallahassee
Ta	llahassee, l	FL 32314	2415 N. Mon	roe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CONCORDIA LI	EGAL.	AMERICA	S LLC
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(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	and assigned
Florida document number <u>L22000368610</u>		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
CONCORDIA AMERICAS LLC		
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	1453 MARTINIQUE COURT #6406.WE	STON FL 33326
Enter new mailing address, if applicable:	1453 MARTINIQUE COURT #6406.WE	STON FL 33326
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office a	address on our records, enter the name	of the new registered
agent and/or the new registered office address here:	address on our records, enter the name	of the new registere
		202
Name of New Registered Agent:		S 8
N. B. C. 100 A.I.) 0	7
New Registered Office Address:	Enter Florida street address	<u> </u>
		<u>₩</u>
	, Florida <u>***</u> City	Zin Code
New Registered Agent's Signature if changing Registered Agent		30

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
			□Add
			□Remove
			Change
			DAdd
			□ Remove
			□Add
			□Remove
			Change
			
			□Remove
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ective date, if other than the date of filing:	(optional)
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cument's effective date on the Department of State's records.	
ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. is filed.	on the earlier of: (b) The 90th day after the
ted 101/21 2023.	
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