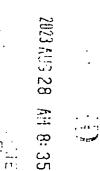
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COVER LETTER

Division of Cor		•	•	
, SUBJECT:	CORF U	ited Liability Company		
	Amendment and fee(s) are sub indence concerning this matter			
	lae	ra Hardin Name of Person		
	CD!	Firm/Company		
	2744 E C	Commercial B1 Address	vd.	
	E-mail address: (Ich (2) att.net	ification)	
For further information e	oncerning this matter, please co	all:		
		at (954) 439 Area Code Daytin	-2425 ne Telephone Number	
Enclosed is a check for the	ne following amount:			
X \$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)	
		Street Address: Registration Se	ection	
•		Division of Corporations		
Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) Mailing Address: Registration Section Certified Copy (additional copy is enclosed)				
Tallahassee,	FL 32314	2415 N. Monro	e Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CDRF	LLC	2023 / UG	28 Ail 8: 35
(<u>Name of the Limited Liabilit</u> (A Florida	ty Company as it now appears (Limited Liability Company)	on our records,)	
		IAL	· =
The Articles of Organization for this Limited Liability C	ompany were filed on	0/10/2022	and assigned
Florida document number <u>L220004351</u>	5.7		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limi	ited liability company hero	2:	
The new name must be distinguishable and contain the words "Lim	ited Liability Company," the des	ignation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDR	(ESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	d office address on our rec	ords, <u>enter the nam</u>	e of the new register
Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·	· - ·	
New Registered Office Address:	Entern Elevis	a street address	
	Enter r torid	a sireei aaaress	
	Cita	, Florida	Zip Code
	City		гір Соав

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 **Address** Type of Action Title Name James R. Hoyes 2744 E. Commercial BNd DAdd

Ft. Lauderdale, Fl. 33309 (Frem __ □Change James B. LaBate 2744 E Commercial BN Add

Ft. Landerdale, FT. 3338 | Remove □Add □Remove _____ Change □Add Remove □Change _□Add □Change □Add Remove

<u> </u>		
		
n effective da o <u>te:</u> If the d	e, if other than the date of filing:	
ecord specifis filed.	fies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day afte	r the
ted	8/22/23.	
	Signature of a member or authorized representative of a member	
	Typed or printed name of signee	