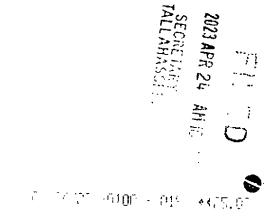
## L220052456

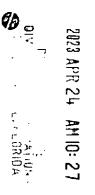
(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		
J. HORNE		
J. HORNE: APR 2 4 2023		

Office Use Only



500405818655





## **COVER LETTER**

ion Prations		
CLD5.	LLC	
nendment and feers) are sub-	nitted for filing.	
	-	
Char	les DiMarco	
	Name of Person	
	CLD 5, UC	
		- 20.22
265 Dadgezo	rt lane, Ellton F	7 32033
•	City/State and Zip Code	<del></del>
E-mail address: (t	O be used for future annual report notifical	(on)
cerning this matter, please ca	III:	
D.M.Alas	317 . 308-71	C-1
Name of Person		lephone Number
following amount:		
□ \$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:	
	CLD5 Name of Limi  mendment and fee(s) are substance concerning this matter to Characteristic cerning this matter, please carbon  following amount:  \$30.00 Filing Fee &	Name of Limited Liability Company  mendment and fee(s) are submitted for filing.  lence concerning this matter to the following:  Charles Differed Name of Person  CLDS, UC  Firm Company  203 Pockage park Land, Ellian F Address  City/State and Zip Code  GLDS BUS Q GMCAL Com  F-mail address: the be used for future annual report notificat  cerning this matter, please call:  DIMARCO at (347) 308-76  Area Code Daytime Te  following amount:  S30.00 Filing Fee & Certified Copy tadditional copy is enclosed)  Street Address:  Registration Section

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

CLDS	LLC	7023 TALL
( <u>Name of the Limited Lfabil</u> (A Florid	lity Company as it now appears on a la Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liability (Florida document number <u>/ 22000 5 2 24 5</u>	Company were filed on $\frac{1\lambda}{1}$	67. <b>P</b>
This amendment is submitted to amend the following:		•
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and contain the words "Lin	mited Liability Company," the designa	tion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	RESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		****
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	ed office address on our record	s, <u>enter the name of the new registere</u>
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida str	eet address
	/~	, Florida
	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 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>	Name	Address	Type of Action
MGL	Charles J. Di Marco	263 Bridgepx 1 lane 51Kton, Florida 32033	XAdd
	Elkton, Florida 32033	□Remove	
	<del></del>	□Change	
			□Add
		[]Remove	
		<del></del>	□Change
			🗓 Add
			□Remove
			□Change
		□Add	
			□Remove
	<del></del>		□Change
	<del></del>		□Add
		<del></del>	□ Remove
			[] Change
			□Add
			□Remove

-	
•	
-	
•	
,	
-	
-	
-	
-	
-	
	ive date, if other than the date of filing: (optional)
	fective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 (3
	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ment's effective date on the Department of State's records.
docum	tent 5 encetive date on the Department of State 3 records.
	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b). The 90th day after the
rd is fi	led.
	,
	4/20/2023
Dated	<del></del>
Dated	2 / -
Dated	
Dated	Signature of a member or authorized representative of a member

Typed or printed name of signee