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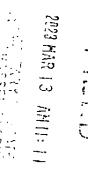
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A. RIVERS
MAY - 7 2023

COVER LETTER

Division of Cor	rporations		
CPD4 LLC SUBJECT:	: ·		
NUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for tiling	
Please return all correspo	ondence concerning this matter	to the following:	
	Andres Cordova		
		Name of Person	
	CPD4 LLC		
		Firm Company	
	1428 High Knoll Dr		
		Address	
	Brandon FL 33511		
		City/State and Zip Code	
	dragon/lypropertyinvestors(@gmail.com to be used for future annual report notific	ation)
For further information c	concerning this matter, please co		· · · · ,
Andres Cordova		505 720-7210 at ()	
Name o	nt Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	he following amount:		
■ \$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)
<u>Mailing Addres</u> Registration		Street Address: Registration Sect	1

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

TO:

Registration Section

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

CPD4 LLC		
(<u>Name of the Limited Liability</u> (A Florida	v Company as it now appears on our records Limited Liability Company)	<u>.</u>)
The Articles of Organization for this Limited Liability Co	ompany were filed on 2-28-23	and assigned
Florida document number L23000106669	:	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
The new name must be distinguishable and contain the words "Limit	ted Liability Company," the designation "LLC"	or the abbreviation "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)		<u> </u>
) 53 22
B. If amending the registered agent and/or registered	office address on our records, enter	the name of the new regist
igent and/or the new registered office address here:		21, 6
		宝 亞
Name of New Registered Agent:		<u> </u>
New Registered Office Address:		
New Registered Office Address.	Enter Florida street address	<u></u>
	OL.	and all is
		orida 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>	<u>Name</u>	Address	Type of Action
MGR	Teresa Cordova	1428 High Knoll Drive	
		Brandon, FL 33511	_
			□Remove
			Change
			
			LIRemove
			Change
			□Remove
			Li Change
			∐Remove
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			⊐Add
			□Remove
			□Change

				
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ective date, if other than the effective date is listed, the date mute: If the date inserted in this blument's effective date on the D	st be specific and cannot be lock does not meet the a	: prior to date of filing c applicable statutory f	(option or more than 90 days after fi iling requirements, this c	ling.) Pursuant to 605.020
cord specifies a delayed effectiv s filed.	e date, but not an effect	tive time, at 12:01 a.	m, on the earlier of: (b)	The 90th day after the
	2022			
March 9	, 2023			
ed March 9	$\frac{1}{1}$, $\frac{2023}{1}$			
ed March 9		r authorized representa		