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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : TAX S PRO CORP Account Number : I20200000147 : (786)307-2733 Fax Number : (954)420-7118

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: INFO@TAXSPRO.COM

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN CADWORKS LLC

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## COVER LETTER

	Registration S Division of Co				
·	CADWOR	KS LLC	i		
SUBJEC	T:	Name of Lim	ited Liability Company		
The enck	osed Articles of	f Amendment and fee(s) are sub	mitted for filing.		
Please re	turn all corresp	ondence concerning this matter	to the following:		
		ANWAR I PUELLO			
			Name of Person		
		TAX S PRO CORP			
			Pirm/Company		
		8030 PINES BLVD			
			Address		
PEMBROKE PINES, FLORIDA 33024					
		INFO@TAXSPRO.COM	City/State and Zip Code		
		<del>-</del>	to be used for future annual report not	fication)	
For furth	er information	concerning this matter, please c	all:		
ANWAR	R I PUELLO		786 307-2733 al ()		
	Name	of Person	Area Code Daytim	te Telephone Number	
Enclosed	is a check for	the following amount:			
≅ \$25.0	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)	
	Mailing Addre		Street Address:		
	Registration Division of (	Section Corporations	Registration Se Division of Co		
	P.O. Box 63.	27	The Centre of T	Tallahassee	
1	Tallahassee,	FL 32314	2415 N. Monro Tallahassee, FL	e Street, Suite 810 . 32303	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

From: +19544207118 (TAX S PRO)

CADWORKS LLC	
(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 03/20/2023	and assigned
Florida document number L23000138938	
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 "L.L.C."
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, <u>enter the name</u>	ame of the new regist
AND AMOUNT THE ACT A CARRELY WINGS MANY COS MALE.	2023
Name of New Registered Agent:	
New Registered Office Address:	- 4 -
Enter Florida street address	- 70
, Florida	- : 3x
City·	Zip Code

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

Apr 06, 2023 09:43 (UTC-04)

<u>Title</u>	Name	Address	Type of Action
AMBR	CABRERA , LUIS JR	4710 SW 164TH TERRACE,	🖼 Add
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			□ Change
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			🗀 Remove
			© Change
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an effective	late is listed, the	date must be spec	ific and canno	t be prior to date	of filing or mo	e than 90 days at	er filing.) Pursu	mat to 605.0207
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	ifies a delayed	effective date, b	out not an eff	fective time, a	12:01 a.m. oi	the earlier of:	(b) The 90th	day after the
is filed.								
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