4/11/23, 9:48 AM



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H230001348373)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)517-6383

From:

Account Name : V & A BUSINESS SOLUTION INC

Account Number : I20160000021 Phone : (954)865-6607 Fax Number : (954)933-2634

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

Email Address:

FLLC AMND/RESTATE/CORRECT OR M/MG RESIGN CDMA SEREVICE LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

COVER LETTER

	sistration Section of Cor				
SUR IFCT.	CDMA SEI	REVICE LLC			
SCDJEC1:		Name of Lim	ited Liability Company		
The enclosed	l Articles of	Amendment and fee(s) are sub	minude of the		
Please return	all correspo	ndence concerning this matter	to the following:		
		CRISTIAN D MEDINA A	LFARO		
			Name of Person		
		MMGR			
			Firm/Company		
		3100 NW 69TH COURT			
			Address		
		FORTLAUDERDALE FL			
			City/State and Zip Code	·	
		cristianm6673@gmail.com			
		E-:nail address: (to be used for future annual report notification)		
For further in	formation of	oncerning this matter, please of	all;		
CRISTIAN	D MEDINA	ALFARO	754 281-4721		
	Name of	Person	at (one Number	
Enclosed is a	check for th	e following amount:			
■ \$25,00 F	iling Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ Certified Copy (additional copy is enclosed)	560.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Address: Registration Section Division of Corporations P.O. Box 6327		ection orporations	Street Address: Registration Section Division of Corporatio The Centre of Tallahas		
Tallahassee, FI. 32314				2415 N. Monroe Street, Suite 810	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CDMA SEREVICE LLC		
(Name of the Limited Liability Company) (A Florida Limited Liab	as it now appears on our records,) ility Company)	
The Articles of Organization for this Limited Liability Company we Florida document number <u>L23000160270</u> .		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability	v company here:	
CDMA SERVICE LLC		
The new name must be distinguishable and contain the words "Limited Liability of	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)		
_		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		

_		
B. If amending the registered agent and/or registered office add agent and/or the new registered office address here:	ress on our records, enter the name	of the new registered
Name of New Registered Agent:	 \	
		2023
New Registered Office Address:	Enter Florida street address	<u> </u>
	F1	<u> </u>
	City . Florida	· Zip Code -
New Registered Agent's Signature, if changing Registered Agent:	Florida	
I hereby accept the appointment as registered agent and agree to provisions of all statutes relative to the proper and complete per accept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office adecompany has been notified in writing of this change.	rformance of my duties, and I am fa vided for in Chapter 605, F.S. Or, i	miliar with and f this document is

If Changing Registered Agent, Signature of New Registered Agent

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

Title	<u>Name</u>	Address	Type of Action
			⊡Add
			□Remove
			□Change
			□Add
			🗀 Remove
			□Change
			E Remove
			Change
			□Add
		7.	Reinove
			□Change
			
			□Remove
			Change
			
			□Remove
			GChange

(If an effective 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. Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as a document's effective date on the Department of State's records. The record 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	Effective date, if other than the date of filing: (If an effective date is listed, the date of specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.00 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed document's effective date on the Department of State's records. The record 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 cord is filed. Dated APRIL 8 2023	***************************************			
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Signature of a member or authorized representative of a member		Dated APRIL 8	2023		
Signature of a member or authorized representative of a member	Cristian D. Medina A.		Cristian D. Med	ina f	
	Signature of a member or authorized representative of a member		Signature of a member or authorize	ed representative of a member	

Filing Fee: \$25.00