

L23000160851

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

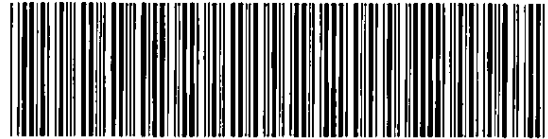
(Business Entity Name)

(Document Number)

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CLALLAHASSEE, FLORIDA

07/19/23

R. HUNT

07/19/23

FLORIDA CAPITAL COURIER SERVICES, INC  
2330 CLARE DRIVE  
TALLAHASSEE, FL 32309  
(850) 524-5437  
(850) 524-6243

Please use funds from this account: 120210000160: \_\_ AMOUNT: \$25.00 \_\_  
Authorization Signature:   
Cardoso Financial LLC L23000160851  
BUSINESS DOC#

     Certified Copy of Articles

     Certificate of Status

### NEW FILINGS

     Profit Corp  
     Not for Profit  
     Officer/Director  
     Limited Liability  
     Domestication  
     Other  
     **CORP**  
     **LLLP**

### AMENDMENTS

  X   Amendment  
     Resignation of R.A. or member  
     Dissolution  
     Change of Registered Agent  
     Revocation of Dissolution  
     Merger  
     **Conversion**  
     **Amended and restated Articles**  
     **Statement of Authority**

### OTHER FILINGS

     **Trademark**  
     Annual Report  
     NOTARY REGISTRATION  
     Fictitious Name  
     APOSTILLE  
Country

### REGISTRATION/QUALIFICATIONS

     Foreign filing  
     Limited Partnership  
     Reinstatement  
     Other

EXAMINER'S INITIALS: \_\_\_\_\_

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: CARDOSO FINANCIAL LLC**

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ANDREW CARDOSO

\_\_\_\_\_  
Name of Person

CARDOSO FINANCIAL LLC

\_\_\_\_\_  
Firm/Company

844 SW 147TH AVE

\_\_\_\_\_  
Address

PEMBROKE PINES, FL, 33027

\_\_\_\_\_  
City/State and Zip Code

ANDREW@CARDOSOINS.COM

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ANDREW CARDOSO

954 3949223  
at ( )

\_\_\_\_\_  
Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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)

**Mailing Address:**

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

**Street Address:**

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**

CARDOSO FINANCIAL 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 07/18/2023 and assigned  
Florida document number L23000160851.

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)**

CARDOSO FINANCIAL LLC

844 SW 147TH AVE,

PEMBROKE PINES, FL, 33027

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

CARDOSO FINANCIAL LLC

844 SW 147TH AVE,

PEMBROKE PINES, FL, 33027

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

ANDREW CARDOSO

New Registered Office Address:

844 SW 147TH AVE

Enter Florida street address

PEMBROKE PINES

Florida 33027

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 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	LAURA ROBLES	844 SW 147TH AVE	<input checked="" type="checkbox"/> Add
		PEMBROKE PINES, FL, 33027	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	MARY E CARDOSO	844 SW 147TH AVE	<input checked="" type="checkbox"/> Add
		PEMBROKE PINES, FL, 33027	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

(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 (3)(b)

If 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 record is filed.

\_\_\_\_\_, \_\_\_\_\_, 2023  
 \_\_\_\_\_  
 Signature of a member or authorized representative of a member

Typed or printed name of signee

**Filing Fee: \$25.00**