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08/20/23--01015--010 **25.00

COVER LETTER

TO: Registration Sec Division of Corp			,
CUBIECT.	SDDC Glo	obal LLC	
SUBJECT:		ited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	idence concerning this matter	to the following:	
	Stephi	ANIE Dankov	ich
	5000	Global LLC	~ ⁵
		Firm/Company	
	3050	Blue HAMMOCK C	it i
		Address	
	Kissinne	e FL 34746	+ (2.1.9.1.9
		e FL 34746 City/State and Zip Code	
	david.	Curtis447@hotnai	1-Com
			lication)
	ncerning this matter, please c		
Stephanie	Dankovich	at (689) 265	-7315
Name of	Person	Area Code Daytim	e Telephone Number
Enclosed is a check for the	e following amount:		
S25.00 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		<u>Street Address:</u> Registration Se	ction
Registration S Division of Co		Division of Co	
P.O. Box 6327	•	The Centre of T	-
Tallahassee, F	I. 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SDDC	Global LLC	
(Name of the Limited Lia (A Flo	bility Company as it now appears on our orda Limited Liability Company)	records.)
The Articles of Organization for this Limited Liabilit	y Company were filed on	
This amendment is submitted to amend the following	;;	
A. If amending name, enter the new name of the	imited liability company here:	~?
The new name must be distinguishable and contain the words "	Limited Liability Company," the designatio	n "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		(5)
(Principal office address MUST BE A STREET AD	DRESS)	***
	 	
		9
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registe agent and/or the new registered office address her		enter the name of the new registere
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street	address
	City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

Annual Control

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
MGR	Stephanie Dankouch	5050 Blue Hammock ct Kissimmee FC 34746	52Add
		Kissimmer FC 34746	□Remove
			□Change
			□Remove
			Change
			□Add
			Remove
			Change
			 □Add
			Remove
		. :	Change
			□Add
			□Remove
			Change
			□ Add
			□Remove
			□ Change

amending any other information, enter change(s) here: (Attach additional sheets, if neces	
	<u> </u>
	_ .
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	•
ffective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after five: If the date inserted in this block does not meet the applicable statutory filing requirements, this occument's effective date on the Department of State's records.	iling.) Pursuant to 605.020
record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) is filed.	The 90th day after the
	. :
$\frac{5}{24}$, $\frac{2023}{2023}$.	ε
Signature of a member or authorized representative of a member	
	က်
Stephanle Dankouich Typed or printed name of signee	

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Filing Fee: \$25.00