## 623000211798

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## **COVER LETTER**



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 AM TO ARTICLES OF ORG OF CDES CONSTRUC (Name of the Limited Liability Company as (A Florida Limited Liability Company wer Florida document number <u>L230C0211798</u> This amendment is submitted to amend the following:	<b>GANIZATION</b> TION LLC $\frac{1}{100}$ $\frac{1}{100}$ $$
A. If amending name, enter the new name of the limited liabilit	ty company nere.
The new name must be distinguishable and contain the words "Limited Liability Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	y Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new mailing address, if applicable: <u>(Mailing address MAY BE A POST OFFICE BOX)</u>	
B. If amending the registered agent and/or registered office a <u>agent and/or the new registered office address here</u> :	address on our records, <u>enter the number</u>
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	City Code
is the sing Degistered Agent	

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



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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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Filing Fee: \$25.00