

10/3/23, 10:02 AM

Division of Corporations

**L 2300021441**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : FERNANDEZ LEGAL  
Account Number : I20190000058  
Phone : (407)574-5009  
Fax Number : (407)574-5953

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

Email Address: jbprimeco@gmail.com, admin@fernandez-legal.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
CARDINAL VILLAGE, LLC**

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

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**COVER LETTER****TO: Registration Section  
Division of Corporations****SUBJECT: CARDINAL VILLAGE, 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:

Eduardo J. Fernandez

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

Fernandez Legal

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

135 W. Central Boulevard, Suite 300

\_\_\_\_\_  
Address

Orlando, FL 32801

\_\_\_\_\_  
City/State and Zip Code\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Eduardo J. Fernandez

407 574-5009  
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

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ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

CARDINAL VILLAGE, 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 05/01/2023 and assigned  
Florida document number L23000214441.

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)

11954 Narcoosee Road, Suite 2-243

Orlando, FL 32832

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

11954 Narcoosee Road, Suite 2-243

Orlando, FL 32832

**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:

Fernandez Legal

New Registered Office Address:

135 W. Central Boulevard, Suite 300

*Enter Florida street address*

Orlando

*City*

Florida 32801

*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.*

*Eddie Fernandez*

If Changing Registered Agent, Signature of New Registered Agent

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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          | Glorimar Chirino          | 13314 Sproston Pl.                 | <input type="checkbox"/> Add               |
|              |                           | Orlando, FL 32832                  | <input checked="" type="checkbox"/> Remove |
|              |                           |                                    | <input type="checkbox"/> Change            |
| MGR          | Armando Chirino Gonzalez  | 20206 Racine St.                   | <input type="checkbox"/> Add               |
|              |                           | Orlando, FL 32833                  | <input checked="" type="checkbox"/> Remove |
|              |                           |                                    | <input type="checkbox"/> Change            |
| AR           | Jose R. Badillo Aldarondo |                                    | <input type="checkbox"/> Add               |
|              |                           | 11954 Narcoossee Road, Suite 2-243 | <input type="checkbox"/> Remove            |
|              |                           | Orlando, FL 32832                  | <input checked="" type="checkbox"/> Change |
|              |                           |                                    | <input type="checkbox"/> Add               |
|              |                           |                                    | <input type="checkbox"/> Remove            |
|              |                           |                                    | <input type="checkbox"/> Change            |
|              |                           |                                    | <input type="checkbox"/> Add               |
|              |                           |                                    | <input type="checkbox"/> Remove            |
|              |                           |                                    | <input type="checkbox"/> Change            |
|              |                           |                                    | <input type="checkbox"/> Add               |
|              |                           |                                    | <input type="checkbox"/> Remove            |
|              |                           |                                    | <input type="checkbox"/> Change            |

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

[illegible]

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)

(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)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.

Dated September 6, 2023

Signature of a member or authorized representative of a member

Jose R. Badillo Aldarondo

Typed or printed name of signee

**Filing Fee: \$25.00**

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