L23000330653

(Requestor's Name)
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(,
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COVER LETTER

	Registration Se Division of Cor		*•	
CHD IDC		TORS CGA LLC		
SUBJEC	т:	Name of Lin	nited Liability Company	
The enclo	sed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please ret	urn all correspo	ondence concerning this matter	to the following:	
		Dineya Gomez		
			Name of Person	
		Tabadesa Associates Grou	p	
			Firm/Company	
	419 W 49th ST STE 111			
			Address	
		33012		
			City/State and Zip Code	
		dineyag@tabadesa.com	to be used for future annual report	assification)
For furthe	er information c	concerning this matter, please c	-	ionication,
Dineya G	omez		305 5580622	
Name of Person			time Telephone Number	
Enclosed	is a check for th	he following amount:		
■ \$25.0	0 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 Addres		Street Address	-
Registration Section Division of Corporations			Registration Division of O	
	P.O. Box 632			f Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DISTRIBUTORS COVERED		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) Liability Company)	1
The Articles of Organization for this Limited Liability Company	were filed on 07/12/2023	and assigned
Torida document number 1.23000330653		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
he new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" of	
Enter new principal offices address, if applicable:		2023 D
Principal office address MUST BE A STREET ADDRESS)		DEC -4
		- 10
		AMII:
Inter new mailing address, if applicable:	.	
Mailing address MAY BE A POST OFFICE BOX)		DE -
3. If amending the registered agent and/or registered office a gent and/or the new registered office address here:	iddress on our records, <u>enter th</u>	ie name of the new regis
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Flor	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>	Name	Address	Type of Action
MGR	PULIDO ESPINOZA, JULIO C	539 NW 7th Street	
		Miami FL 33136	■Remove
			Change
			□Add
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	-		□Add
			□Remove
			□Change
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	11/24	/2023				
ce at the deal of the	date of filing:	e prior to date of filir	ng or more than 90 days	optional) safter filing.)	Pursuant t	o 605.020
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an effective date is listed, the date mus Note: If the date inserted in this blo	ock does not meet the					
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an effective date is listed, the date mus <u>Note:</u> If the date inserted in this bloocument's effective date on the Do record specifies a delayed effective	ock does not meet the a epartment of State's re	cords.		of: (b) The	e 90th day	after the
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