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COVER LETTER

TO: Registration S Division of Co						
CDA REP	RESENTATIONS LLC					
SUBJECT:	Name of Lim	ited Liability Company				
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.				
Please return all corresp	condence concerning this matter	to the following:				
		ERIKA VANESA CONSTANZIO				
		Name of Person				
	SYSTEM FAILURE INC					
	Firm/C ompany					
	173	0 MAIN STREET SUITE 226				
		Address				
		WESTON, FLORIDA, 33326				
	-	City/State and Zip Code				
	info@systemfailureusa.com E-mail address: (i.ar to be used for future annual report notif	fication)			
For further information	concerning this matter, please of	all;				
ERIKA VANESA CONSTANZIO		954 594-9654 at ()				
Name	of Person	Area Code Daytim	e 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 Addre		Street Address:	ari a			
Registration Section Division of Corporations		Registration Section Division of Corporations				
P.O. Box 6327		The Centre of Tallahassee				

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

CDA REPRESENTATIONS 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 10/12/2023and assigned Florida document number 1.23000470856 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 "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: New Registered Office Address: Enter Florida street address

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>	Address	Type of Action
MGR	GIMENEZ, FERNANDO D	3801 AVALON PARK E BLVD FL 2 STE 217	[]Add
		ORLANDO, FL 32828	\ \exists Remove
			[]Change
			□Add
			□Remove
			□Change
			🗀 Add
		□Remove	
		Change	
			[]Add
			□Remove
			Change
			□Add
		-	Remove
			Change
			🗀 Add
			□Remove

D. `If amending any other informat	ion, enter change(s) here:	(Attach additional sheets, if n	ecessary.)
			
			
			
E. Effective date, if other than the of (If an effective date is listed, the date must Note: If the date inserted in this blo document's effective date on the De	be specific and cannot be prior to ock does not meet the applica	o date of filing or more than 90 days a	
If the record specifies a delayed effective record is filed.	date, but not an effective tin	nc, at 12:01 a.m. on the earlier of	(b) The 90th day after the
Dated DECEMBER 14	2023	_·	
	Trika Vans	sa Constanzio rized representative of afrember	
	Signature of a member or author	rized representative of amember	
ERIKA VANESA CONS	STANZIO		

Filing Fee: \$25.00

Typed or printed name of signee