Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H240002809283)))



H240002809283ABC2

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

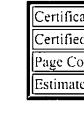
Account Name : SILVAS FINANCIAL SERVICES, L.L.C.

Account Number : I20020000100 Phone : (305)944-9755 Fax Number : (888)401-1914

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

Email	Address:	

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN CUDOMSA LLC



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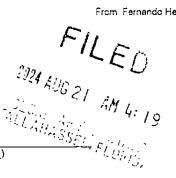
COVER LETTER

TO:	Registration Sec Division of Corp			
01:040	CUDOMSA			
SUBILI	CT:		ited Liability Company	
The enc	losed Articles of z	Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn all correspo	ndence concerning this matter	to the following:	
		GARCIA, SERVANDO		
			Name of Person	
		CUDOMSA LLC		
			Firm/Company	
		1150 NW 72ND AVE TO	WER 1 STE 455 #14886	
			Address	
		MIAMI, FL 33126		
			City/State and Zip Code	
		E-mail address; (t	to be used for future annual report not	ification)
For furth	her information co	oncerning this matter, please co	all:	
	Name of	Person	at () Area Code Daytin	ne Telephone Number
Enclosed	d is a check for th	e 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



CUDOMSA 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 02/06/2024 ____ and assigned Florida document number <u>L24000067611</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: N/A The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 5635 NORMAN H CUTSON DR Enter new principal offices address, if applicable: ORLANDO, FL, 32821 (Principal office address MUST BE A STREET ADDRESS) 5635 NORMAN H CUTSON DR Enter new mailing address, if applicable: ORLANDO, FL, 32821 (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.

__, Florida ___

Page: 4 of 5 2024-08-21 20:07:06 GMT 14076418791 From: Fernando H (((r)24000280928 3)))
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
AMBR	CHINCHILLA, WILFREDO	1150 NW 72ND AVE TOWER 1 STE 455 #14886	∃Add
		MIAMI, FL 33126	\(\exists \) Remove
AMBR	PEREZ, GUILLERMO	5635 NORMAN H CUTSON DR	⊡Add
		ORLANDO ,FL, 32821	□Remove
			= Change
AMBR	GARCIA, SERVANDO	5635 NORMAN H CUTSON DR	□Add
		ORLANDO ,FL, 32821	□Remove
			= Change
			□Add
		<u> </u>	Bemove T
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			DAdd Remove
			Remove
			□ Change
			□Add
			□Remove

From: Fernando Herrera

amending any other information	n, enter change(s) here: (Attach addition	onal sheets, if necessary.)
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11		
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ffective date, if other than the date of effective date is listed, the date must be offer. If the date inserted in this bloc occument's effective date on the Dep	e specific and cannot be prior to date of filing or π c does not meet the applicable statutory filin	(optional) nore than 90 days after filing.) Pursuant to 605,0207 ag requirements, this date will not be listed as t
ecord specifies a delayed effective of is filed.	ate, but not an effective time, at 12:01 a.m.	on the earlier of: (b) The 90th day after the
AUGUST 21	2024	
	Servando Garcia	
S	gnature of a member or authorized representative	e of a member
	CUDOMSA LLC	
	Typed or printed name of signee	· - .

2024-08-21 20:07:06 GMT