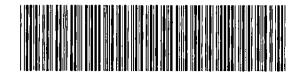


(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(ON) Potential Property
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
<u> </u>
Special Instructions to Filing Officer:





11/07/24--01024--001 **30.00



COVER LETTER

TO: Registration So Division of Cor			
	ESTMENTS, LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	JUAN J. PEREZ		
		Name of Person	
	J. PEREZ LEGAL PA		
		Firm/Company	
	15620 SW 29TH ST		
Address MIRAMAR FL, 33027 City/State and Zip Code JPEREZ@JJPLEGAL.COM			
	MIRAMAR FL, 33027		
	-	City/State and Zip Code	
			37
For further information of	encerning this matter, please c	to be used for future annual report no all:	ntication)
JUAN J. PEREZ, ESQ.		954 450-2585	
Name e	of Person	at () Area Code Daytin	ne Telephone Number
Enclosed is a check for the	he following amount:		
☐ \$25.00 Filing Fcc	■ \$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		<u>Street Address:</u> Registration Se	ection
Division of C		Division of Co	
P.O. Box 632		The Centre of	Tallahassee
Tallahassee.	FL 32314	2415 N. Monro	pe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liab (A Flori	ility Company as it now appears on our records ida Limited Liability Company)	e.: · · .
The Articles of Organization for this Limited Liability Florida document number L24000138963	Company were filed on 03/21/2024	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	mited liability company here:	
The new name must be distinguishable and contain the words "L	imited 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 ADI	DRESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX		
	<u> </u>	
B. If amending the registered agent and/or register agent and/or the new registered office address here		he name of the new regis
Name of New Registered Agent:		
New Registered Office Address:	<u> </u>	
	Enter Florida street address	
	, Flo	rida Zıp Code
	Cuy	гір Соае

New Registered Agent's Signature, if changing Registered Agent:

CDKK INVESTMENTS LLC

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	KARIN A. KLEIN	19330 SW 30TH STREET	
		MIRAMAR, FL 33029	□Remove
			∏Change
			□Add
			Remove
			(I) Change
	.		
			☐ Remove
			☐Change
			□IAdd
			□Remove
			□Change
			□Add
		 ,	□Remove
			Change
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If an effe <u>Note:</u>	te, if other than the date of filing:	207 23
documo	ffective date on the Department of State's records.	
e record rd is file	fics a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the	×c
Dated _	BER 30TH , 2024	
	CHELLUI -	

Filing Fee: \$25.00