## 1240000245213

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

Office Use Only



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## **COVER LETTER**

TO:

Registration Section

Tallahassee, Fl. 32314

Division of Cor	porations		
		С	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	SDR CDR DISASTER RECOVERY, LLC    Name of Limited Liability Company		
Please return all correspo	ondence concerning this matter	to the following:	
	Carlos A. Duart, CDR Ent	erprises, Inc. (Authorized Member	·)
		Name of Person	<del></del>
	SDR CDR DISASTER RE	ECOVERY, LLC	
		Firm/Company	
	11740 SW 80th Street		
		Address	
	Miami, FL. 33183		
	•	City/State and Zip Code	
		_	
	E-mail address: (	to be used for future annual report not	ification)
For further information c	oncerning this matter, please c	all:	
Carlos A. Duart		786 936-4030	
Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
			ection
		Division of Co	rporations
P.O. Box 632	.7	The Centre of 1	l'allahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

any as it now appears on our records.) Liability Company)	
y were filed on <u>5/28/2024</u>	and assigned
bility company here:	
vility Company," the designation "LLC" of	or the abbreviation "L.IC."
313 Norton Drive	
Suite 200	
Tallahassee, FL 32308	
	3
313 Norton Drive	
Suite 200	
Tallahassee, FL 32308	
address on our records, enter th	ne name of the new registe
	₩*
Enter Florida street address	
Flori	ida Zip Code
<u> </u>	bility Company)  y were filed on 5/28/2024  bility company here:  illity Company," the designation "LLC" of 313 Norton Drive  Suite 200  Tallahassee, FL 32308  313 Norton Drive  Suite 200  Tallahassee, FL 32308  address on our records, enter the

## 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 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
Secretary	Shirley Sharon	313 Norton Drive, Tallahassee, FL 32308	<b>=</b> Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			🗆 Add
			□Remove
			□Change
<u>.</u>			□Add
			□Remove
			🗆 Change
			🗆 Add
			🗀 Remove
			□Change
	<del></del>		🗀 Add
			□Remove
			□Change

ffective date, if other than the date of filing:	0.307
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 605.0 of the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be liste	d as (
ocument's effective date on the Department of State's records.	
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
l is filed.	
September 17th 2024	
lated	
( Ce W ( ) Die 7	
Signature of a member or authorized representative of a member	
Carlos A. Duart, CDR Enterprises, Inc. (Authorized Member)  Typed or printed name of signee	

Filing Fee: \$25.00