## P08000092546

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A. RAMSEY

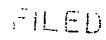
## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	ORATION: CDR ENTERPRIS	SES, INC.	
	1BER: P08000092546		
	es of Amendment and fee are su	bmitted for filing.	
Please return all corn	respondence concerning this ma	itter to the following:	
	SHIRLEY SHARON		
	<del> </del>	Name of Contact Person	n
	CDR ENTERPRISES, INC.		
		Firm/ Company	· · · · · · · · · · · · · · · · · · ·
	11740 SW 80th STREET		
		Address	
	MIAMI. FL. 33183		
		City/ State and Zip Cod	e
	LEGAL@CDRMAGUIRE.C	COM	
	<del>-</del>	sed for future annual report	notification)
For further informati	ion concerning this matter, plea	se call	
To further informati	on concerning this matter, pieu	Se cuit.	
SHIRLEY SHARON		at (	810-9141
Name of Contact Person		Area Co	de & Daytime Telephone Number
Enclosed is a check	for the following amount made	payable to the Florida Depa	artment of State:
S35 Filing Fee	■\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of



2024 JAN -3 AM LI 16

CDR ENTERPRISES, INC.	
(Name of Corporatio	n as currently filed with the Florida Dept. of State).
P08000092546	
(Docume	ent Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts the following amendment(s) t
A. If amending name, enter the new name of the cor	poration:
	The new
	rporation," "company," or "incorporated" or the abbreviation "Corp.," or "Co". A professional corporation name must contain the word riation "P.A."
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDI</u>	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	9
D. If amending the registered agent and/or registere new registered agent and/or the new registered o	
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registereby accept the appointment as registered agent. I	stered Agent: am familiar with and accept the obligations of the position.
Signat	ture of New Registered Agent, if changing

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Example:

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

X Change	<u>PT</u>	John Do	<u>oc</u>	
X Remove	<u>V</u>	Mike Jo	nes	
X Add	<u>\$V</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	Title		Name	Address
1) Change	V		DANIEL DUART	11740 SW 80th STREET
X Add				MIAMI, FL. 33183
Remove				
2) Change				
Add				
Remove Change		<del></del>		
Add				
Remove				<del> </del>
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change		_		
Add	-			
Remove				

(Attach ac	ling or adding additional A dditional sheets, if necessary	). (Be specific)			
					_
					·
				<u> </u>	· -
If an ame	endment provides for an ex ons for implementing the ar	change, reclassificati	on, or cancellation o	f issued shares,	
(if n	not applicable, indicate N/A)		100 / 100	<u> </u>	
				·	·
	<del>-</del> -		<del>-</del> -		
	- <del></del>				
·					
	<del></del>		·		

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The date of each amendment(s)	adoption:	, if other than the
date this document was signed.	/15/2023	
Effective date if applicable:	71372023	
	(no more than 90 days after amendment file dat	(e)
Note: If the date inserted in this document's effective date on the	block does not meet the applicable statutory filing requirement Department of State's records.	ents, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were a action was not required.	dopted by the incorporators, or board of directors without share	cholder action and shareholder
☐ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for the a sufficient for approval.	mendment(s)
	pproved by the shareholders through voting groups. The follow or each voting group entitled to vote separately on the amendm	
"The number of votes ca	st for the amendment(s) was/were sufficient for approval	
by	. "	
	(voting group)	
Dated	1/3/2024	
C:	Shall Shann	
Signature(By a	director, president of other officer – if directors or officers have	e not been
	ted, by an incorporator – if in the hands of a receiver, trustee, or	
арро	inted fiduciary by that fiduciary)	
	SHIRLEY SHARON	
	(Typed or printed name of person signing)	
	SECRETARY	
	(Title of person signing)	