L07000077290

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(Cit	y/State/Zip/Phone	#)		
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DIVISION OF CORPORATION

10 AUG 13 PM 2: 88

T. HAMPTON

AUG 1 6 2010

EXAMINER

COVER LETTER

TO:				
SUBJ	ест: <u>С</u> 5 <u>2</u>	.cs,LLC	per to the following: Gealer Csintalaw	
	BJECT: CS&CS, LLC Name of Limited Liability Company enclosed Articles of Amendment and fee(s) are submitted for filing. ase return all correspondence concerning this matter to the following: Beale Csintalau Name of Person Firm/Company 1354 Azalea Dr Aptu Address Dune Din, FL 346 98-4554 City/State and Zip Code csinti. betti;79@ freemail. hu E-mail address: (to be used for future annual report notification) further information concerning this matter, please call: Beala Csintalau Name of Person at (727) 687 - 8302 Area Code & Daytime Telephone Number closed is a check for the following amount: \$25.00 Filing Fee \$30.00 Filing Fee & \$55.00 Filing Fee & \$60.00 Filing Fee,			
The er	nclosed Articles of Ame	endment and fee(s) are sub	omitted for filing.	
Please	return all corresponde	nce concerning this matter	to the following:	
		\mathcal{B}_{ϵ}	eate Csintalaw	
	-		Name of Person	
	-		Firm/Company	
		12511 0		
	-	1354 HZA	Address	
	_	DUNEDIN,	FL 34698-4554	
			City/State and Zip Code	
	_	CSIAN . Dettl	to be used for future annual report notificat	or filing. Collowing: Collow
For fu	rther information conce		•	
B	Peata Csint Name of Per	nendment and fee(s) are submitted for filing. Hence concerning this matter to the following: Beats Csintalaw		
			·	Code & Daytime Telephone Number See & S60.00 Filing Fee, Certificate of Status &
Enclos	sed is a check for the fo	ollowing amount:		
□ \$2.	5.00 Filing Fee		Certified Copy	Certificate of Status &

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



RECEIVED

10 AUG 13 PM 4:00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

FLORIDA DEPARTMENT OF STATE Division of Corporations

August 9, 2010

BEATA CSINTALAN 1354 AZALEA DR # 4 DUNEDIN, FL 34698

SUBJECT: CS & CS, LLC Ref. Number: L07000077290

We have received your document for CS & CS, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton Regulatory Specialist II

Letter Number: 010A00019050

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	OF	NOF
	CS & CS, LLC	
(Name of the Limited	Liability Company as it now appears on A Florida Limited Liability Company)	our records,
The Articles of Organization for this Limited L		26/2007 and as med as m
Florida document number <u>L 070000</u>	<u> 7729</u> 0	O,
This amendment is submitted to amend the fol	lowing:	
A. If amending name, enter the new name of	of the limited liability company here:	
The new name must be distinguishable and end w 'L.L.C."	ith the words "Limited Liability Company,"	the designation "LLC" or the abbreviation
Enter new principal offices address, if appli	cable:	
Principal office address MUST BE A STRE	ET ADDRESS)	
•		
Enter new mailing address, if applicable:	·	
Mailing address MAY BE A POST OFFICE	<u>BOX)</u>	
B. If amending the registered agent and registered agent and/or the new registered of	_	records, enter the name of the new
	0 (11 0)	
Name of New Registered Agent:	Beata M. Csintala	<u>,N</u>
New Registered Office Address:	1354 AZALEA DR	Porida street address
	- DINEON	
	City	Zip Code

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 608, 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.

Deata H Suttalaw

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

	<u>Name</u>	Address	Type of Actio
	GABOR CSUTORTOLI	1354 AZALEA DR APTH DUNERIN, FL 34698	Add Remove
			Add Remove
····			Add Remove
<u></u>			Add Remove
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f ameno	ding any other information, enter change	e(s) here: (Attach additional sheets, if necessary.)	<u>ب</u>
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Page 2 of 2

Filing Fee: \$25.00