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COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: C+S Holdings Group UC Name of Limited Liability Company				
The enclosed Articles of Amendment and fee(s) are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
Cliffoed Shannon Name of Person				
C+S Holins Group LC. Firm/Company				
517 NE 11 Ave				
Pompano Beach, Fe 33000 City/State and Zip Code CSholding Dood Jahro, Corr E-mail address: (to be used for future annual report notification)				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Cliffold Shannon at (954) 772 - 1529 Name of Person at (954) 772 - 1529 Area Code & Daytime Telephone Number				
Enclosed is a check for the following amount:				
\$25.00 Filing Fee Certificate of Status Certificate of Status 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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

C+SHoldin	ms 6000 116	10 AUG 19 PM 2: 44
(Name of the Limited Li (A FI	ablity Company as it now appears on our recorda Limited Liability Company)	ords CONLIANT OF STATE ALLAHASSEE, FLORIDA
The Articles of Organization for this Limited Liab	ility Company were filed on 12 15 5	and assigned
This amendment is submitted to amend the follow	ing:	
A. If amending name, enter the new name of the	ne limited liability company here:	
Γhe new name must be distinguishable and end with t 'L.L.C."	he words "Limited Liability Company," the design	gnation "LLC" or the abbreviation
Enter new principal offices address, if applicab	le:	
Principal office address MUST BE A STREET.	ADDRESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BO	<u></u>	
B. If amending the registered agent and/or registered agent and/or the new registered offic		, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida s	estraat addrass
	, FI	orida 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.

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:

MGR = Manager

MGRM = Managing Member Title Name **Address Type of Action** Yesenia Velez-Alicea 510101 NE 18th Ave **R**emove ☐ Add Remove ☐ Add _ Remove Add Remove □Add Remove \square Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated_ Signature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00