

L09000110250

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

BF  
12/8/17



*Done!*

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 28, 2017

CARMEN MORA  
2290 N RONALD REAGAN BLVD STE 120  
LONGWOOD, FL 32750

SUBJECT: CJ SOLUTIONS LLC  
Ref. Number: W17000094032

We have received your document for CJ SOLUTIONS 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 the corrected original and one copy of 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) 245-6051.

Brittany M Figueroa  
Regulatory Specialist II  
Registration/Qualification Section

Letter Number: 917A00023887

2017 DEC -8 PM 6:46

STATE OF FLORIDA

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: CS Solutions LLC  
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:

Carmen Mora  
Name of Person

CS Solutions LLC  
Firm/Company

2290 N. Ronald Reagan Blvd, Suite 120  
Address

Doğwood FL 32750  
City/State and Zip Code

CS Solutions LLC 2009@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Carmen Mora at ( 407 ) 301 966 6  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |  |  |  |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

## CS solutions in C

The Articles of Organization for this Limited Liability Company were filed on 11/16/2009 and assigned Florida document number LC09000110250

Page 1 of 3

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

| Title | Name       | Address                 | Type of Action                             |
|-------|------------|-------------------------|--|
| AMBR  | Jose Perez | 255 Panama Blvd, St     | <input type="checkbox"/> Add               |
|       |            | 160, Park Mary Pt 32746 | <input checked="" type="checkbox"/> Remove |
|       |            |                         | <input type="checkbox"/> Change            |
|       |            |                         | <input type="checkbox"/> Add               |
|       |            |                         | <input type="checkbox"/> Remove            |
|       |            |                         | <input type="checkbox"/> Change            |
|       |            |                         | <input type="checkbox"/> Add               |
|       |            |                         | <input type="checkbox"/> Remove            |
|       |            |                         | <input type="checkbox"/> Change            |
|       |            |                         | <input type="checkbox"/> Add               |
|       |            |                         | <input type="checkbox"/> Remove            |
|       |            |                         | <input type="checkbox"/> Change            |
|       |            |                         | <input type="checkbox"/> Add               |
|       |            |                         | <input type="checkbox"/> Remove            |
|       |            |                         | <input type="checkbox"/> Change            |

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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TREASURY, FLORIDA

E. Effective date, if other than the date of filing: 12/8/17 (optional)

(If 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 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the 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 record is filed.

Dated 12/5/17 2017

Carleen Mora, Mayor  
Signature of a member or authorized representative of a member

CARLEEN MORA

Typed or printed name of signer