110000041185

(Re	equestor's Name)	-
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL.
(Bu	ısiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





500258851175

04/10/14--01017--014 **25.00

B. BOSTICK APR **1** 1 2014

EXAMINER

COVER LETTER

TO: **Registration Section Division of Corporations** C & S INVENMENTS 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: Asif Faroog Name of Person C & S INVENMENTS LLC Firm/Company 1235 SW 87 Avenue Address Miami, Fl. 33174 City/State and Zip Code gregherreracpa@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Greg Herrera Name of Person Enclosed is a check for the following amount:

□ \$55.00 Filing Fee &

Certified Copy

(additional copy is enclosed)

MAILING ADDRESS:

□ \$30.00 Filing Fee &

Certificate of Status

■ \$25.00 Filing Fee

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

□ \$60.00 Filing Fee,

Certificate of Status & Certified Copy

(additional copy is enclosed)

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

C & S INVENMENTS LLC				
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our reco ability Company)	ords.)		
The Articles of Organization for this Limited Liability Company v Florida document number <u>L10000064185</u>	vere filed on <u>06/16/2010</u>)	_ and as	signed
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabil	ity company here:			
CSA INVESTMENTS LLC				
The new name must be distinguishable and end with the words "Limited Liabil	ity Company," the designation "	'LLC" or the abb	reviation '	L.L.C."
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)		•	C.3	
				1
Enter new mailing address, if applicable:			ے	***
(Mailing address MAY BE A POST OFFICE BOX)			70	~~;
				· · ·
			۲, ۰	
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here		rds, <u>enter th</u>	e name	of the nev
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street ada	tress		
New Registered Office Address:	Enter Florida street ada	tress		

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Uzma Farooq	1235 SW 87 Ave	
		Miami, FL. 33174	Remove
MGR	Asif Farooq	1235 SW 87 Ave	Add
		Miami, FL. 33174	□ Remove
			□ Add
		<u></u>	□ Remove
			Add
			Remove
			7 P
			☐ Add
			Add
			Remove

. It amending any other informati	ion, enter change(s) here: (Attach additional sheets, if necessar
	
Effective date, if other than the d (The effective date must be specific, cannot the date this document is filed by the Flor	late of filing: (optional) t be prior to date of receipt or filed date and cannot be more than 90 days after rida Department of State)
Dated April 7	
	Favyana Favooq Signature of a member or authorized representative of a member
Farzana Faro	oq
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00