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D. SCOTT AUG 1 7 2017

## **COVER LETTER**

TO: Registration Sec Division of Corp			
SUBJECT:	CSI HOL	DINGS LLC	
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	MICHI	AEL ANNEXY  Name of Person	
	CSI	Firm/Company	LLC
	7985 5	. US LWY 1	7-92
		Address	·
	FERN PARK	FL 3273 City/State and Zip Code	0
	1 1020	City/State and Zip Code	
	E-mail address: (	5 C GMAIL. COM, to be used for future annual report notifi	cation)
For further information co	oncerning this matter, please ca	all:	
MICHAEL	- ANWEXY	at (407) 44 (0	22-7.277
Name of	Person	Area Code Daytime	Telephone Number
			5.5
Enclosed is a check for th	c following amount:		·-
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & 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

CSI HOL	DINGS	LLC	
(Name of the Limited Liability Con (A Florida Limit	npany as it now appea ed Liability Company)	rs on our records.)	<del></del>
The Articles of Organization for this Limited Liability Compa	any were filed on	8/02/2010	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited li	iability company h	ere:	
The new name must be distinguishable and contain the words "Limited Li	iability Company," the c	designation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)	<u></u>		<u>.</u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			-1
B. If amending the registered agent and/or registered registered agent and/or the new registered office address be		n our records, <u>enter</u>	the name of the
Name of New Registered Agent:		·	· · · · · · · · · · · · · · · · · · ·
New Registered Office Address:			32
	Enter Flo.	rida street address	
	<u> </u>	, Florida	
	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 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.

If Changing Registered Agent, Signature of New Registered Agent

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

<u>Title</u>	Name	<u>Address</u>	Type of Action
MBRW	LUZ J. SANTIAGO	1327 SW 181 ST. AVE	
		PEMBIZOKE PINNES, FL. 330	29 Remove
			Change
NGRM	RUSSELL SANTIAGO	1327 SW 181 ST. AVE	Add
		PEMBROKE PINES, FT. 330	? <sup>2</sup> / <sub>j</sub> <b>K</b> Remove
			Change
<del></del>			🗖 Add
			□ Remove
			☐ Change
			D Add
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			Remove
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			Remove
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lf amer	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
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lfan effe <u>Note:</u> I	ve date, if other than the date of filing:	
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlie 90th day after the record is filed.	r of
Dated _	AUGUST 12, 2017.  Signature of a member of authorized respresentative of a member	
	MICHAET ANUEXY Typed or printed name of signee	

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Filing Fee: \$25.00