## L11000119078

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





900302277319

08/14/17--01039--024 \*\*25.00

17 AUG IN AN II: 49

AUG 1 6 2017 Y CULKER

## **COVER LETTER**

4 + 9 45 +

TO: Registration Sec Division of Corp			
CST Realty	, LLC		
SUBJECT:	Name of Limi	ted Liability Company	-
The enclosed Articles of	Amendment and fee(s) are subr	nitted for filing.	
Please return all correspo	ndence concerning this matter t	to the following:	
	Ivan J. Otero		
		Name of Person	
	CST Realty, LLC		
		Firm/Company	<del></del>
	12524 W Atlantic Blvd.		
		Address	
	Coral Springs, FL 33071		
	***************************************	City/State and Zip Code	
	ivanj_otero@hotmail.com		<del></del>
	E-mail address: (t	to be used for future annual report notifi	cation)
For further information c	oncerning this matter, please ca	all:	
Juan Arias		954 382-0533	
Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	ne 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

(Name of the Limited Liability (A Florida Li	Company as it now appears on our records, mited Liability Company)	)
The Articles of Organization for this Limited Liability Con Florida document number <u>L11000119078</u>	npany were filed on October 17, 2011	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	d liability company here:	
The new name must be distinguishable and contain the words "Limite Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRE		or the abbreviation "L.L.C."
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office addre		enter the name of the nev
Name of New Registered Agent:		HH: 49
New Registered Office Address:	Enter Florida street address	
·	, Flo	rida
	Cny	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

Title	<u>Name</u>	Address	Type of Action
MGR	Jorge Skotiuk	12524 W Atlantic Blvd.	□ Add
	·	Coral Springs, FL 33071	■ Remove
			Cl Change
			□ Remove
			Change
<del></del>			
			□ Remove
			Children Children
			SS D Add
			THE PROPERTY OF
			Connection of the same
			□ Add
			□ Remove
			Change
			□ Add
			□ Remove
			□ Change

<del>-</del> 
<del>-</del>
<del>-</del>
<del></del>
_
_
7
5
= ,.
( )

Page 3 of 3

Filing Fee: \$25.00