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COVER LETTER

TO:	Registration Section Division of Corporations
SUBJE	Name of Limited Liability Company
The en	closed Articles of Amendment and fee(s) are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	Carmen Cottle Name of Person
	C-Squared, LLC Firm/Company
	4013 N. University Drive, #5701
	Coral Springs FL 33067
	E-mail address: (to be used for thouse annual report notification)
For fur	ther information concerning this matter, please call:
_Cô	rmen Cottle at (850) 321-8395 Area Code Daytime Telephone Number
	Name of Ferson Area Code Daytine Ferephone Number
Enclose	ed is a check for the following amount:
S \$25	5.00 Filing Fee

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

TO ARTICLES OF ORGANIZATION OF

(OHTE CONSTY)	ICTION, I	any as it now appears on a Liability Company)	our records.)		
The Articles of Organization for this Limited E	Liability Company		1	and assigned	
This amendment is submitted to amend the fol	lowing:				
A. If amending name, enter the new name of the new name man be distinguishable and contain the	truction	Marraen	ent, Ll	breviation "L.L.C."	
Enter new principal offices address, if appli	cable:	NA			
(Principal office address MUST BE A STRE)	<u>ET ADDRESS)</u>				—
Enter new mailing address, if applicable: (Mailing address MAX BE A POST OFFICE	NA			<u> </u>	
B. If amending the registered agent and registered agent and/or the new registered of	l/or registered office address her	office address on our re:	records, enter	the name of the office of the name of the office of the of	e new
Name of New Registered Agent:	NA			55 CORT	하 하 시 시
New Registered Office Address:	NA	Enter Florida st	reet address	RAITER ST	SIAIC
			, Flo r ida	· (,	
		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

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
			Remove
			Change
			□ Add
			🖂 Remove
			Change
			Add
			Remove
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			☐ Remove
			□ Change
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			Bemovie s
		<u> </u>	FEBRAGE CARY
			PORATIONS Remayer
			☐ Change

•		
E. Effec	tive date, if other than the date of filing:	
Note:	ffective 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. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listement's effective date on the Department of State's records.	.0207 (3)(h) ed as the
If the re	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlies e 90th day after the record in filed.	er of:
Datec		3
	Ingulature of a menther or authorized representative of a member	¥SIOR SECR
	Michael J Cottle TT	FILE FILE FILE FILE FILE FILE FILE FILE
	Typed or printed name of signee	ED OF S ORPOR
	Page 2 of 2	TATE ATION

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Filing Fee: \$25.00