NIH 0000 55558

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(2-3-11-3-3-3-11-11-11-11-11-11-11-11-11-1				
(Document Number)				
(Boodine Hamber)				
Certified Copies Certificates of Status				
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Special Instructions to Filing Officer:				
}				

Office Use Only



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10,

COVER LETTER

TO: Registration Division of C					
	S HOLDING GROUP LLC				
SUBJECT:					
The enclosed Articles	of Amendment and fee(s) are sub	mitted for filing.			
Please return all corres	pondence concerning this matter	to the following:			
		Name of Person			
	MAYERS HOLDING GR	OUP			
	Firm/Company				
		Address			
		Audress			
		City/State and Zip Code			
	EG@GONTAX.COM		2-11		
For further information	n concerning this matter, please c	to be used for future annual report noti all:	Heation)		
		at ()	ne Telephone Number		
Nam	e of Person	Area Code Daytim	e Telephone Number		
Enclosed is a check for	r the following amount:				
■ \$25.00 Filing Fee	□ \$30,00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy radditional copy is enclosed)	☐ \$60,00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)		
Mailing Add		Street Address:	ation		
Registration Section Division of Corporations		Registration Section Division of Corporations			
P.O. Box 6327		The Centre of Tallahassee			

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

r records.)
4 and assigned
on "LLC" or the abbreviation "L.L.C."
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宝. 宝.
<u> </u>
5
enter the name of the new regi
et address
. CARRECTO
, Florida 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 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>	<u>Address</u>	Type of Action
AMBR	GUIMA INVESTMENTS INC	16025 SW 109 ST, MIAMI, FL 33196	= Add
			□Remove
			□Change
AMBR	ELIZABETH MOSQUERA V		■Add
			□Remove
			□Add
			Remove
		•	Change
			Add
			Remove
			☐Change
			□Add
			□Remove
			□Remove
			□Change

Lyped or printed name of signee

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