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COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT: CL	T Property Name of Vimi	6:0 up LLC ited Liability Company	
	Amendment and fee(s) are sub-	_	
Please return all correspon	idence concerning this matter	to the following:	
	Clark	- LUNT	
		Name of Person	
	C8+ (property 6row Firm/Company	ip LC
	1107 e	Jackson St	± 105
			02
	E-mail address: (1	City/State and Zip Code Code	otification)
For further information co	ncerning this matter, please ca	all:	
Clark Name of	Person	at (407) 33 Area Code Dayti	4.8482_ ime Telephone Number
Enclosed is a check for the	e 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 Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CS+ Drope	rty brown LLC
(Name of the Limited Liability Compa (A Florida Limited	ny as it how appears on our ecords.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>45,000,6825,7</u>	were filed on
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	20
	<u> </u>
	1LE
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	<u> </u>
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, 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 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>	<u>Name</u>	<u>Address</u>	Type of Action
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l specifies a delayed e	ffective date, but	not an effective tir	ne, at 12:01 a.:	m. on the earlier	of: (b) The 9	Oth day afte
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