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SECRETARY OF STATE ALLAHASSEE, FLORIDA

TIED



COVER LETTER

TO: Registration Sect Division of Corpo	ion prations '				
CST Innovati	ons LLC				
SUBJECT.	Name of Lim	ited Liability Company			
	mendment and fee(s) are sub				
	Terri White				
Name of Person					
	CST Innovations LLC				
Firm/Company				_	
	1909 Lazy Oaks Loop				
		Address	SEC	2015	
	St. Cloud, FI 34771		AHA		77
	terri@touchinghearts.com	City/State and Zip Code	SSEE.	10,	
For further information cor	E-mail address: (acerning this matter, please ca	to be used for future annual report notification)	STATE	A II: 35	D
Sonya Weathers		407 483-7815	ا	Ω	
Name of I	Person	Area Code Daytime Telepho	one Numbe	r	-
Enclosed is a check for the	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 Fi Certifica Certified (additiona	ate of St d Copy	tatus &

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

CST Innovations LLC			
(Name of the Limi	ted Liability Compa (A Florida Limited	iny as it now appears on our i Liability Company)	records.)
The Articles of Organization for this Limited L. Florida document number 47-4159375	iability Company	were filed on May 29th,	2015 and assigned
This amendment is submitted to amend the following	lowing:		
A. If amending name, enter the new name of	of the limited liab	oility company here:	
he new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		120 Broadway	
		Suite 101	
		Kissimmee, FL 34741	2015 SEC
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		120 Broadway Suite 101	JUL 10
		Kissimmee, FL 34741	FIST STORY
3. If amending the registered agent and registered agent and/or the new registered or		ffice address on our re	35 10A
Name of New Registered Agent:			
New Registered Office Address:	120 Broadway		
		Enter Florida street	address
	Kissimmee		, Florida ³⁴⁷⁴¹
		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, <u>enter the title</u>, <u>name</u>, <u>and address of each person_being added or removed from our records</u>:

MGR =	Manager	
AMBR =	Authorized ?	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			☐ Remove
			☐ Change
			Add
			□ Remove
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ctive date, if other than the c	July 7th, 20	15	(optional)	
flective date is listed, the date must	be specific and cannot be prior	to date of filing or more tha	an 90 days after filing.) Pursuant to	605.0
: If the date inserted in this blooment's effective date on the Dep	ck does not meet the applica partment of State's records.	ible statutory filing requ	airements, this date will not be	listed
ecord specifies a delayed		an effective time,	at 12:01 a.m. on the ea	ırlier
e 90th day after the reco	rd is filed.			
July 7th d	2015			
d	,	_ ·		
	Terri a	hite		
		rized representative of a n		_

Page 3 of 3

Filing Fee: \$25.00