## L1500141925

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## **COVER LETTER**

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| CUDIECT.           |  | CSTM   | LLC                            |  |                                       |   |                |   |
| SUBJECT:           | ··· ··· · · · · · · · · · · · · · · ·    |  | ed Liability Compa             | ny   |                                       | <del></del>   |                |   |
| The enclosed Art   | ticles of A                              | mendment and fee(s) are subm   | nitted for filing.             |  |                                       |   |                |   |
| Please return all  | correspond                               | dence concerning this matter to  | the following:                 |  |                                       |   |                |   |
|                    |  | PRASHANT   | VA 014                         | ULAS   |                                       |   |                |   |
|                    |  | JNT'L CPA  |                                |  |                                       | <del></del>   |                |   |
|                    |  | 16421 TURN   |                                |  |                                       |   |                |   |
|                    |  | ODESSA, 1  |                                |  |                                       |   |                |   |
|                    | 7 *** } *** fee                          | PRACHAME   |                                | 0000   | 41 <del>-</del> 44                    | s.com   |                |   |
| For further infor  | Electronicos<br>Filoricos<br>máticos cos | PRASHANT (10) E-mail address: (to  | be used for future  1:         | annual report                                    | notification)                         | SECRE<br>ALLAH  | <b>2015</b> SI | - |
| PRASHAR            | UT VA                                    | POHULAS  | at ( <b>8</b> 7.3              | }  | -7-19                                 | ASSEI<br>9  | EP -8          | - |
|                    | Name of I                                | E-mail address: (to E-mail address) (to E-mail | Area Coo                       | le Da  | ytime Telephon                        | e Number F ST   | E O            | 1 |
| Enclosed is a che  | eck for the                              | following amount:  |                                | ,  |                                       | ATE<br>RIDA   | : 52           |   |
| \$25.00 Filing     | g Fee                                    | \$30.00 Filing Fee & Certificate of Status   | □ \$55.00 Filin<br>Certified C | g Fee &  | □ <b>\$</b>                           | 60.00 Filing Fe<br>Certificate of St<br>Certified Copy<br>(additional copy is a | e,<br>atus &   |   |
| ty 1921 – Alaka I. | Registrat<br>Division<br>P.O. Box        | NG ADDRESS:<br>tion Section<br>of Corporations of the company<br>c 6327<br>see, FL 32314   | Re<br>Di<br>Cl<br>wour_us_gr26 | egistration Se<br>ivision of Co<br>ifton Buildir | orporations<br>ng<br>re,Center,Circle |   |                |   |

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| CSTM,  | 446   |
|--|---|
| (Name of the Limited Lis<br>(A Flo   | ability Company as it now appears on our records.) orida Limited Liability Company) |
| The Articles of Organization for this Limited Liabilit   | ty Company were filed on 8/19/15 and assigned                                       |
| This amendment is submitted to amend the following   | g:  |
| A. If amending name, enter the new name of the   | limited liability company here:   |
| The new name must be distinguishable and contain the words   | 'Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."     |
| Enter new principal offices address, if applicable:  |   |
| (Principal office address MUST BE A STREET AL  | DDRESS)   |
| Enter new mailing address, if applicable:<br>(Mailing address MAY BE A POST OFFICE BOX               | 2   |
| B. If amending the registered agent and/or re<br>registered agent and/or the new registered office a | egistered office address on our records, enter the name of the new                  |
| Name of New Registered Agent:  | SEP SEP   |
| New Registered Office Address:   | Enter Florida street address  |
|  | Florate.  |
|  | City Pri Sip 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 Title <u>Name</u> <u>Address</u> Type of Action MGR TERRY MALTEZOS 6920 14th St W - Add BRADENTON, FL 34207 PREMOVE \_\_\_\_\_ Change THEODOROS MALTEZOS 6920 14th St W MGR BRADENTON, FL 34207 - Remove ☐ Change ☐ Add ☐ Remove ☐ Change **5** □ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change

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| Note: | If the date insert                    | er than the date of<br>I, the date must be spec<br>ted in this block does<br>ate on the Departme | s not meet the                                | e prior to date of<br>applicable statu  | ming or more man 9 | (optional<br>0 days after filing<br>ments, this date | g.) Pursuant         | to 605.02<br>be listed |
|       |                                       | a delayed effecter the record is   |   | ut not an eff                           | ective time, at    | 12:01 a.m.   | on the               | earlier                |
| Dated | Septon                                | b.r 7  | <u>,                                     </u> | 015.                                    |                    |  |                      |                        |

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Filing Fee: \$25.00