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MAY 25 2018 N. CAUSSEAUX

COVER LETTER:

TO: Registration Se Division of Cor	
CUB4250 I	
SUBJECT:	Name of Limited Liability Company
	Amendment and fee(s) are submitted for filing. Indence concerning this matter to the following:
	DIANA MILESKO
	Name of Person
	CUB4250 LLC
	Firm/Company
	4250 A1A SOUTH O24
	Address
	SAINT AUGUSTINE FL 32080
	City/State and Zip Code dianamilesko@yahoo.com
	E-mail address: (to be used for future annual report notification)
For further information of	concerning this matter, please call:
DIANA MILESKO	941 744 7039
Name o	at () Area Code Daytime Telephone Number
Enclosed is a check for t	he following amount:
□ \$25.00 Filing Fee	□ \$39.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee. Certificate of Status 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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Ft. 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

C UB4230 LTX		ာ ကို ကို
(Name of the Limite	d Liability Company as it now appears on our re A Florida Limited Liability Company)	ecords.)
		~ ~
The Articles of Organization for this Limited Lia	ibility Company were filed on MARCH 29	. 2016 and dissigned
Florida document number L16000064791		工厂工厂工厂工厂工厂工厂工厂工厂工厂工厂工厂工厂工厂工厂工厂工厂工厂工厂工厂
	·	型之
This amendment is submitted to amend the follow	wing:	92 S
A. If amending name, enter the new name of	the limited liability company here:	D. A. C.
The new name must be distinguishable and contain the we	ords "Limited Liability Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applica	able:	
(Principal office address MUST BE A STREET		
Enter new mailing address, if applicable:		
• •		
(Mailing address MAY BE A POST OFFICE I	<u>(O.C.)</u>	
B. If amending the registered agent and/o	ar registered office address on our co	carde anter the name of the new
registered agent and/or the new registered off	ice address here:	cords. Enter the hame of the nev
Name of New Registered Agent:		
N. D. L. LOUZ A.L.		
New Registered Office Address:	Enter Florida street (address
·		
	Cüv	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 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	DIANA MILESKO-PYTEL	4250 ATA SOUTH O24, SAINT A	
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AMGR	FRANK PYTEL	4250 ATA SOUTH O24, SAINT A	D Add
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00