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## **COVER LETTER**

CPS of An	nerica, FS LLC					
SUBJECT:	Name of Lim	ited Liability Company				
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please return all correspo	ondence concerning this matter	to the following:				
	Joseph A Foster					
	CPS of America, FS LLC	Name of Person				
Firm/Company 5161 West Oakland Park Blvd , Suite 306						
	Address Lauderdale Lakes, Florida 33313					
City/State and Zip Code cpc501@aol.com						
		to be used for future annual report notif	fication)			
For further information e	oncerning this matter, please ca	all:				
Joseph A Foser 754 366-9406						
Name o	f Person	Area Code Daytime	e Telephone Number			
Enclosed is a check for the	ne following amount:					
\$25.00 Filing Fee	■ \$30,00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60,00 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, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	VS 04	Americ	a H	116	· <del></del>	
( <u>Name of the Limite</u> (	<u>d Liability Comp</u> A Florida Limited	any as it now appears Liability Company)	on our records.)			
The Articles of Organization for this Limited Lia	ability Company	y were filed on	130/201	<u>O</u> and	assign	ed
This amendment is submitted to amend the follo	wing:					
A. If amending name, <u>enter the new name of</u>	the limited liab	oility company her	<u>'e</u> :			
The new name must be distinguishable and contain the wo	ords "Limited Liab	ility Company," the de-	signation "LLC" or the	abbreviation	···IIC.	
Enter new principal offices address, if applica	ıble:	. <u> </u>		<u></u>	_20	
(Principal office address MUST BE A STREE)	<u>r Address)</u>			<u> Pic</u>	- <u>- 1</u>	
			·		_K2—	ध हुं ड्यान्ट इक्स
				<u>.</u>	ယ်	ģ. 
Enter new mailing address, if applicable:				<u>—Ë:</u>	<u> </u>	<del>-                                    </del>
(Mailing address MAY BE A POST OFFICE I	<u>30X)</u>	<u>-</u> - · — — —		<u> </u>	<del></del>	**************************************
		<del></del>		<u> </u>		
B. If amending the registered agent and/oregistered agent and/or the new registered off			our records, <u>ente</u>	r the nar	ne of t	the ne
Name of New Registered Agent:			<del></del> -			
New Registered Office Address:					<u>-</u>	
		Enter Florid	la street address			
		<u></u>	Florida _		<del></del>	
		Cuy		Zip Ce	de	

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, name, and address of each person\_being adde or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Cheryl Y Brown	5343 Gate Lake Road , Tamarac Florida 33319	
			B Add
			□ Remove
			Change
Mgr ———	Sasha Smith	5161 West Oakland Park Blvd, Unit 306; Lauderdale Lakes, FL 33313	
			■ Remove
			Change
			Remove
			Change
	<u></u>		
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lf an effectiv <u>Note:</u> - If t	date, if other the vedate is listed, the che date inserted in serted in seffective date of	date must be specif i this block does	ic and cannot be not meet the ap	plicable statute	ing or more than 90 ry filing requirer	(optional) ) days after filing.) I nents, this date w	ursuant to 605,0207 ( If not be listed as t
	d specifies a de Oth day after th			: not an effe	ctive time, at	12:01 a.m. or	the earlier of
Aug Dated	gust 15		2019				
			1/4	Mm			
		——					
		Sifuatrue	of a member or	aumorized repres	entative of a memb	er	

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Filing Fee: \$25.00