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(Re	questor's Name)	
(Ad	dress)	-
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(Cit	ty/State/Zip/Phone #	<u> </u>
PICK-UP	WAIT	MAIL
(Bu	isiness Entity Name)
(Do	ocument Number)	
Certified Copies	_ Certificates o	f Status
Special Instructions to	Filing Officer:	
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COVER LETTER

	Registration Sec Division of Corp			
CUBIC		TY INVESTMENTS LLC		
SUBJEC	1:	Name of Lim	ited Liability Company	-
The enclo	osed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please ret	um all correspor	ndence concerning this matter	to the following:	
		DAMITA LOUISE KASCSA	ıK	
		· 	Name of Person	
		7951 GATOR PALM DRIVI	Firm/Company	
		FORT MYERS, FL 33966	Address	
		deedeekascsak@gmail.com	City/State and Zip Code	
		E-mail address: (to be used for future annual report noti	fication)
For furth	er information co	oncerning this matter, please ca	all:	
DAMITA	KASCSAK		239 227-4771 at ()	
	Name of	Person	Area Code Daytim	e Telephone Number
Enclosed	is a check for th	e following amount:		
\$25.0	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/COURIER ADDRESS:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now appears (A Florida Limited Liability Company)	on our records.)
(A Florida Emilieu Elabitity Company)	
The Articles of Organization for this Limited Liability Company were filed on $\frac{2-2}{2}$	6-2018 and assigned
Florida document number L18000051352	
his amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company he	<u>re</u> :
DAMITA KASCSAK LLC	
he new name must be distinguishable and contain the words "Limited Liability Company," the de-	esignation "LLC" or the abbreviation "L.L.C."
Turing and a second decorate of applicables	
Principal office address MUST BE A STREET ADDRESS)	
	
Inter new mailing address, if applicable:	
<u> </u>	
Mailing address MAY BE A POST OFFICE BOX	(2) - (.
Mailing address MAY BE A POST OFFICE BOX)	
	.,
Mailing address MAY BE A POST OFFICE BOX) 3. If amending the registered agent and/or registered office address on	.,
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Mailing address MAY BE A POST OFFICE BOX) 3. If amending the registered agent and/or registered office address on	.,
Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on registered agent and/or the new registered office address here:	.,

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.

Cuy

If Changing Registered Agent, Signature of New Registered Agent

, Florida _

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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
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			☐ Remove
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Filing Fee: \$25.00