L19000013846

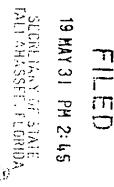
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COVER LETTER

	gistration Section of Corp			
		oup Business Solutions LLC		
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed	d Articles of a	Amendment and fee(s) are sub	mitted for filing.	
Please returr	n all correspo	ndence concerning this matter	to the following:	
		Diane Crowthers		
		Vertical Group Business Se	Name of Person	
		21328 Chrysalis Cay Loop	Firm/Company	
		Land O Lakes, FL 34637	Address	
		diane@L2Biz.com	City/State and Zip Code	
		E-mail address: (to be used for future annual report notifi	cation)
For further i	nformation co	oncerning this matter, please ca	all:	
Diane Crow	thers		813 915-6778 at ()	
	Name of	Person	at () Area Code Daytime	Telephone Number
Enclosed is a	a check for th	e following amount:		
■ \$25.00 F	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:

TO:

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

(<u>Name of the Limited Liability Compa</u> (A Florida Limited l	ny as it now appears on our records.) Liability Company)	 _
The Articles of Organization for this Limited Liability Company Florida document number L19000013846	were filed on 01/11/2019	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:		IA S
(Principal office address MUST BE A STREET ADDRESS)		CO H
		S 2 = = = = = = = = = = = = = = = = = =
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
B. If amending the registered agent and/or registered of	ffice address on our records, en	er the name of th
registered agent and/or the new registered office address her	· —	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	City	Zip Code

If Changing Registered Agent, Signature of New Registered Agent

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 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>	Address	Type of Action
MGR	CSBS LLC		□ Add
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		Apollo Beach	Remove
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		05/29/2019					
fective date, if other than a neffective date is listed, the date ite: If the date inserted in this cument's effective date on the	must be specific an s block does not	d cannot be prior meet the applica	able statutory fi	r more than 90 day	(optional) s after filing.) Pu s, this date will	suant to 6 not be l	605.0201 isted as
record specifies a delay The 90th day after the r			t an effectiv	e time, at 12:	01 a.m. on	the ear	lier o
ted May 29		2019	·				
The Cale)		orized representat				

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00