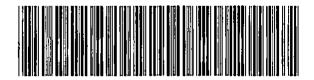
219000022982

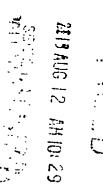
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(only old of 2 pri Hono //
PICK-UP WAIT MAIL
(Duciness Fréix Name)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



500332705675

08/12/19--01028--035 **125.00



Y SULKER AUG 15 2019

COVER LETTER

Division of Corporations
SUBJECT: CSM - UNIT B LLC
Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Jeffrey M. Muritz Name of Person
Jeffrey M MORITZ ESQ Firm/Company
3584 VALLEY VIEW DR. Address
KIBSIMMER FL 34746 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Je Ffrey M. Moritz at 917 157 5317 Name of Person Area Code Daytime Telephone Number
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & \Bigcup \$55.00 Filing Fee & \Bigcup \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section

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

GSM-UNIT B ILC
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)
The Articles of Organization for this Limited Liability Company were filed on AFRIL 8 2019 and assigned
Florida document number <u>L 190000 22 48</u> 2
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:
he new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Inter new principal offices address, if applicable:
Principal office address MUST BE A STREET ADDRESS)
Enter new mailing address, if applicable:
Mailing address MAY BE A POST OFFICE BOX) No. 134
If amending the registered agent and/or registered office address on our records, enter the name of the registered agent and/or the new registered office address here:
Name of New Registered Agent:
New Registered Office Address:
Enter Florida street address
, Florida
City Zip Code
ew Registered Agent's Signature, if changing Registered Agent:
hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with to ovisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and except the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

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 add or removed from our records:

$\mathbf{AMBR} = \mathbf{Aut}$	nager Thorized Member		
<u>Title</u>	Name	Address	Type of Action
AMBR	JEPFAG M. MORITZ	3584 VALLEY VIEW DO KISSIMMER FL 34746	D Add
	,	KISSIMMER FL 34746	Remove
			Change
			Add
			□ Remove
			☐ Change
			🗆 Add
	-		□ Remove
			Change
		-	O Add
			Remove
			Change
			🖸 Add
			□ Remove
			Change
			🗆 Add
			_□ Remove

_ Change

							- -	
				<u></u>	···	- -		
							<u> </u>	
	_							
-		<u> </u>						
								
								·
				.	-			
	-,-				<u>. </u>			<u></u>
				_				
	-		-		-	_		
	<u> </u>			<u> </u>				
						·		
								
					-			
								· · · · · · · · · · · · · · · · · · ·
						<u> </u>	<u> </u>	
If an effecti Note: If	tive date is listed, the date insert	er than the dat the date must be sed in this block of the on the Depart	specific and ca	annot be prior t	to date of filing the statutory i	or more than 90 d iling requireme	_ (optional) ays after filing.) nts, this date w	Pursuant to 605.0207 vill not be listed as
ne recor The 90	rd specifies Oth day afte	a delayed effer the record	fective dat is filed.	te, but not	an effectiv	e time, at 1	2:01 a.m. o	n the earlier of
Dated	August	7	,	2019	<u>.</u> .			
		/\ 1 /	Y					
		Sign	ature of a me	mber or author	rized representa	tive of a member	·	

Page 3 of 3

Filing Fee: \$25.00