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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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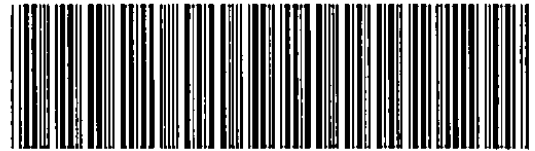
(Business Entity Name)

(Document Number)

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S. YOUNG

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CSCM Enterprises 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:

Shirley Gavin
Name of Person
CSCM Enterprises LLC
Firm/Company
710 Cedar Place
Address
Ht. Pierce Fla. 34950
City/State and Zip Code
shirleygavin@gmail.com
E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

Shirley Gavin at (772) 940-9370
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

TO
ARTICLES OF ORGANIZATION
OF

CSCM Enterprises LLC

(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 10/03/2019 and a
Florida document number 219000263343

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

710 Cedar Place
FT. PIERCE FL
34950

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the n
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

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 con
provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar v
accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this do
being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liab
company has been notified in writing of this change.*

If Changing Registered Agent, Signature of New Registered Ag

MGR = Manager
AMBR = Authorized Member

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Typ</u>
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Am: BR Christophe Gach 710

710 Cedar Place X

Fr. Piece Fr. 3488

AmBR Marcia Smith

16526 Cypress Bridge Rd

Cypress TX 77429 ☐

AmBR Henry Mias Jr.

710 Cedar Avenue

Fr. Pierre de Th. 3480

AMBR Shirley Gartin 710 Cedar Place 7

FT. PIERCE FL. 3495

[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to **Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be document's effective date on the Department of State's records.

Dated 06/25/20, 2020

Signature of a member or authorized representative of a member

Shirley Goochin
Typed or printed name of signee