L20000036256

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TO: Registration Se Division of Cor				
EAUSPA I	LLC .	•		
SUBJECT:	Name of Lin	nited Liability Company		
		only 16 of Eq.		
	Amendment and fee(s) are sub	-		
Please return all correspo	ondence concerning this matter	to the following:		
	CATHLEEN SNOW			
	-	Name of Person		
	EAUSPA LLC			
	- "	Firm/Company		
	11510 DRAGON POINT	DR		
		Address		
	MERRITT ISLAND, FL	32952		
		City/State and Zip Code	TAL	2020 SEP
	E-mail address: (to be used for future annual report notificat	ion)	i
For further information c	oncerning this matter, please c	all:	22 (02 (77 f)	80 · · · · · · · · · · · · · · · · · · ·
CATHLEEN M SNOW		321 8481087	i de la companya de La companya de la co	AH 6:
Name o	f Person	at () Area Code Daytime Te	lephone Number	, 1/2
Enclosed is a check for the	ne fa l lowing smount:			
■ \$25.00 Filing Fee	S \$30.00 Filing Fee &	□ \$55.00 Filing Fee &	☐ \$60.00 Filing Fe	e,
	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of SI Certified Copy (additional copy is	tatus &
Mailing Addres		Street Address:		
Registration S Division of C		Registration Section Division of Corpor		

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa (A Florida Limited	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number L20000036256	were filed on January 29, 2020 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	oility company here:
CSNOW LLC	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1385 Cypress Ave #107
(Principal office address MUST BE A STREET ADDRESS)	Melbourne, Florida 32937
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2020 SEP -8 AM
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of tho new registers
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:

EAUSPA LLC

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 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
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			Remove
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te, if other than the date of filing:    July 1		
ifies a delayed effective date, but not an effective time, at 12:01 a.m. on the ea	rlier of: (b) The 90	th day after the
ulu 1 2020.		