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Account Number : I20120000083 : (305)593-0829 Phone

: (305)593-8744 Fax Number

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: annualrenewals@taxnelson.com

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN CUBE SQUARED BUILDING & DESIGN LLC

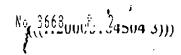
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Corporate Filing Menu

Nelson & Asso.

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



CUBE SQUARED BUILDING & DESIGN LLC		<del></del>
(Name of the Limited Limiter Comma (A Florida Elmited L	ny ny il now anneurs an our records.) Jiahility Compony)	
The Articles of Organization for this Limited Linbility Company Florida document number 1.20000060083	were filed on Pebruary 24th, 2020	and assigned
This amendment is submitted to amend the following:		
A. If amending name, cuter the new name of the limited link	ility company here:	•
Cube Squared Design Build LLC		2 2
The new name must be distinguishable and contain the words "Limited Liability"	ity Company," the designation "LLC" or t	he abbreviption "b.L.C."
Enter new principal offices address, if applicable:	·	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
(Principal office address MUST BE A STREET ADDRESS)		<u> </u>
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)		PH 1: 1 b
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the</u>	name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	· · · · · · · · · · · · · · · · · · ·	
	Enter Florida street address	
	, Florida	a
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
	the state of the s	

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 Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

MGR = Manager AMBR = Authorized Member				
<u>ltle</u>	Nume	Address	Type of Action	
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D. If amen	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Note: [	e date, if other than the date of filing:
f the reco	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 10th day after the record is filed.
Dated _	JUNE 19, 2020  Signature of a member or authorized representative of a member
	Yessenia Cardenas
	Typed or printed name of signee

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