## h20000136496

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به کرایاد،

## **COVER LETTER**

TO: Registration Section. Division of Corporations			·	<b>«</b>	
CUD ID		olutions LLC			
SORTE	CT:	Name of Lim	ited Liability Company		
The encl	losed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please re	eturn all correspo	indence concerning this matter	to the following:		
		Filing Jesse K			
			Name of Person		
		ZenBusiness, Inc			
			Firm/Company		
		5511 Parkcrest Dr., Ste. 10	)3		
			Address		
		Austin, Tx 78731			
			City/State and Zip Code		
		compliance@zenbusiness.c			
		E-mail address: (	to be used for future annual report	notification)	
For furti	her information c	oncerning this matter, please c	all:		
Jesse K			844 493-624 at ( )	19	
	Name o	f Person	Area Code Da	ytime Telephone Number	
Enclose	d is a check for the	he 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 Addres		Street Addres		
Registration Section Division of Corporations			Registration Section Division of Corporations		
	P.O. Box 632			of Tallahassee	
	Tallahassee,	FL 32314	2415 N. Mo	onroe Street, Suite 810	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Liability Company a Florida Limited Liab	is it now appears on ou ility Company)	r records.)	
oility Company we	re filed on	20	and assigned
ing:			
he limited liability	company here:		
ds "Limited Liability (	Company," the designate	ion "LLC" or the a	bbreviation "L.L.C."
ole: _			
ADDRESS)			
_	<del></del>		
- 2 <b>X</b> )			
istered office add here:	ress on our records	s, <u>enter the na</u> r	ne of the new register
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		Florida	•
	City	, 1 101144	Zip Code
gistered Agent:			
agent and agree	rformance of my di	ity. I further ag uties, and I am er 605, F.S. Or	familiar with and
	ility Company we ing:  ing:  ing:  is "Limited liability to the important of the important	ility Company were filed on O5/20/202  ing:  ing:  is "Limited liability company here:  Is "Limited Liability Company," the designate le:  ADDRESS)  istered office address on our record: here:  Enter Florida stree  City  eistered Agent: agent and agree to act in this capace	is "Limited Liability Company," the designation "LLC" or the alle:  ADDRESS)  istered office address on our records, enter the name here:  Enter Florida street address  City

If Changing Registered Agent, Signature of New Registered Agent

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
			□Add
			□ Remove
			□ Add
			□Remove
			☐ Change
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			Remove
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			□Remove
			Change

If amending any other informa	tion, enter change(s) he	re: (Attach additio	onal sheets, if neces.	sary.)
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Effective date, if other than the If an effective date is listed, the date mus Note: If the date inserted in this bl document's effective date on the Defective date on the Defective date.	t be specific and cannot be pri ock does not meet the appl	or to date of filing or m licable statutory filin	(option fore than 90 days after fing g requirements, this of	ling.) Pursuant to 605.0207 (
e record specifies a delayed effectivord is filed.	e date, but not an effective	e time, at 12:01 a.m.	on the earlier of: (b)	The 90th day after the
Dated September 7	. 2021	·		
	Data: () 111	1.0.6		
<del></del>	Peter W. Signature of a member or au	thorized representative	of a member	<del></del>
Peter J Walsh, Member	-			
Teter 5 Warsh, Wielliger	Typed or pri	inted name of signee		

Filing Fee: \$25.00