## L20 000151982

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## **COVER LETTER**

TO: Registration Sect Division of Corpo			
SUBJECT:	(S Cons	ultants, LLC	
SUBJECT:	<del></del>	nited Liability Company	<del></del>
The enclosed Articles of A	mendment and fee(s) are sub	omitted for filing.	
Please return all correspond	dence concerning this matter	to the following:	
	Christi	an Suddin	
		·	
		P: 10	
		Firm/Company	
	6212 N State	Road 7 APT 204	
		Address	<del></del>
	Coconut cr	eeK, FL 33073 City/State and Zip Code	
	E-mail address: (	in@gmail.com	cation)
For further information con	cerning this matter, please ca		•
_			
Christian S	ouddin	at (917) 750 - C	0033
Name of P	erson	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:	ation	Street Address:	•
Registration Sec Division of Cor		Registration Section Division of Corporate Cor	

Division of Corporations The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810

P.O. Box 6327

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CS Con	sultants, LL	C	
( <u>Name of the Limited Liabilit</u> (A Florida	y Company as it now appears Limited Liability Company)	on our records.)	<del></del>
The Articles of Organization for this Limited Liability Co Florida document number <u>L20000151982</u>	ompany were filed on <u>Jo</u>	ne 3,2020	and assigned
This amendment is submitted to amend the following:			
A. If amending name, <u>enter the new name of the limit</u>		<u>e</u> :	
The new name must be distinguishable and contain the words "Limi	ted Liability Company," the des	ignation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDR.	ESS)		
		<b>*</b> *	CO C
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Enter new mailing address, if applicable:		* . **	6 ·
(Mailing address MAY BE A POST OFFICE BOX)	<del></del>		<del></del>
	<del> </del>	-	=
B. If amending the registered agent and/or registered	office address on our rec	ords, enter the name	of the new register
agent and/or the new registered office address here:			
Name of New Registered Agent:	····		
New Registered Office Address:			
	Enter Florid	a 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 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
			□ Add
		<del></del>	□Remove
			□Change
			□Add
			□Remove
			Change
			Add
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			Particular Change  52  4 □ Add
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	Christian Sudd	·-		· <del></del>
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