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(Re	questor's Name)	_
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COVER LETTER

Registration Section

Tallahassee, FL 32314

TO:

Division of Co CS Blue	print, LLC		
	•	5 11:13% A	
	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Christian Suddin		
	CS Blueprint, LLC	Name of Person	
	——————————————————————————————————————		
	2201 North Universit	Firm/Company	
	5501 North Oniversi	ty Drive STE 100-1069	
		Address	
	Coral Springs, FL 33	3065	
	info@csblueprintllc.c	City/State and Zip Code Om	· · · · · ·
	E-mail address: (to be used for future annual report notific	cation)
	oncerning this matter, please c		10 2
Christian Suddin		917 7500033	D21
Name o	f Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for the	ne following amount:		7 PH
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Crafticate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration S		<u>Street Address:</u> Registration Sect	ion
Division of C	orporations	Division of Corp	
P.O. Box 632	7	The Centre of Ta	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CS Blueprint, 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 06/01/20 and assigned Florida document number _____L20000151982 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 "L.L.C." or the abbreviation "L.L.C." 3301 North University Drive STE 100-1069 Enter new principal offices address, if applicable: Coral Springs, FL 33065 (Principal office address MUST BE A STREET ADDRESS) 3301 North University Drive STE 100-1069 Enter new mailing address, if applicable: Coral Springs, FL 33065 (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 new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address City

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 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 adde or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			_ 🗆 Add
			_ Петюче
			_ 🗆 Change
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——————————————————————————————————————	•
Effective date, if other than the date of filing:	