L21000077256

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Registration Section

TO:

Division of	Corporations		
	PUNET & INSURANCE LLC		
SUBJECT:	Name of Li	mited Liability Company	
The enclosed Article	es of Amendment and fee(s) are st	abmitted for filing.	
Please return all cor	respondence concerning this matte	er to the following:	
	MARIACLAUDIA MAI	RIN	
		Name of Person	
	COMPUNET & INSUR.	ANCE LLC	
		Firm/Company	
	7429 SW 152ND AVE S	SUITE 207	
		Address	
	MIAMI FLORIDA 3319	3	
		City/State and Zip Code	
	JACP2002@GMAIL.COI	M : (to be used for future annual report n	otification)
For further informat	ion concerning this matter, please		,
MARIACLAUDIA	MARION	786 2017443	
Na	ame of Person		time Telephone Number
Enclosed is a check	for the following amount:		
■ \$25.00 Filing Fo	ee S30.00 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)
<u>Mailing Ac</u> Registrati	Idress: Ion Section	Street Address: Registration S	
•	of Corporations	Division of C	
P.O. Box		The Centre of	
Tallahass	ee, FL 32314	2415 N. Mon	roe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

COMPUNET	•			113			* / * * * *	٠.	 _
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(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 02/22/2021	and assigned
Florida document number L21000077256	·		
This amendment is submitted to amend the fo	ollowing:		
A. If amending name, enter the new name	of the limited liability of	company here:	
CSS ENTERPRISES GRUP LLC			
The new name must be distinguishable and contain th	e words "Limited Liability Co	mpany," the designation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if app	licable:		<u>. </u>
(Principal office address MUST BE A STRI	EET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFIC B. If amending the registered agent and/o	_		
agent and/or the new registered office add		ess on our records, <u>enter the nan</u>	ie of the new registero
Name of New Registered Agent:	JESUS COBOS		ć.
New Registered Office Address:	7750 SW 117TH AV	E SUITE 303	;; co
-		Enter Florida street address	U)
	MIAMI		183
		Tity	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 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
			□Change
			□Add
			□Remove
			□Change
			
			Remove
			□Change
			□Add
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			□Add
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			□Change
			□Add
			□Remove
			□ Change

R	ETAIL AND WHOLESALE OF DURABLE GOODS
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	05/25/2021
eti	ve date, if other than the date of filing: (optional) ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.9
<u>:</u>	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be liste
mt	ent's effective date on the Department of State's records.
	I specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after
file	ed.
(05 OF MAY 2021
d _	The state of the s

Typed or printed name of signee

MARIACLAUDIA MARIN