Leitte Pidso

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PICK-UP	WAIT	MAIL
	Business Entity Name)	
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: CSS Enterprises Group LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Maria Claudia Maria Name of Person
CSS EnterPrises Group LLC SESTER STATES SW 152nd Ave # 7429 SW 152nd Ave # 707 FM 5
7429 SW 152nd Ave #207 5
Miami, Florida 33193 City/State and Zip Code
Clardiam a just 40 gmail. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Mariaclardia Marin # (786, 202-7443
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
☐ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status ← Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)

Mailing Address:

Registration Section **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CSS Enterprises	GIVOUD LL	. C			
(<u>Name of the Limited Liability Compar</u> (A Florida Limited L	iability Company)	ur records.)			
The Articles of Organization for this Limited Liability Company	were filed on $\frac{2}{2}$	2 2021	_ and assigned		
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liabi	lity company here:				
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designat	ion "LLC" or the abbre	viation "L.L.C."		
Enter new principal offices address, if applicable:			- 3		
Principal office address MUST BE A STREET ADDRESS)		<u> </u>	7 . 3 		
		(
		16 25.	1		
Enter new mailing address, if applicable:		788 788			
Mailing address MAY BE A POST OFFICE BOX)		1100 11100			
Muning university I BE A FOST OFFICE BOA			<u> </u>		
		T-1			
B. If amending the registered agent and/or registered office adgent and/or the new registered office address here:	ddress on our record	s, enter the name o	of the new regis		
Name of New Registered Agent:					
New Registered Office Address:					
	Enter Florida 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 Title Name Type of Action Address □ Change □Remove □ Change _ □Add _ DRemove _ Change _ □Add Remove _ Change

_ □Add

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neffective date is l	listed, the date must l	c specific and o	cannot be prior t	to date of filing o	r more than 90 da	iys after f	iling.) P	ursuant to 6	05.020
	nserted in this bloc we date on the Dep			ible statutory fi	ling requireme	nts, this	date w	ill not be ii	isted a:
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ecord specifies a	delayed effective	date. but not a	in effective tir	ne, at 12:01 a.c	n, on the earlie	r of: (b)	The	90th day at	fter the
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