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COVER LETTER

	tration Section on of Corporations	• • • • · · · · · · · · · · · · · · · ·
SUBJECT: _	CS Products &	Services Lic
	. Name of	Limited Liability Company
The enclosed A	Articles of Amendment and fee(s) are	submitted for filing.
Please return al	Il correspondence concerning this ma	tter to the following:
	Canila	SUISSO Name of Person
	CS Products	Services LLC Firm/Company
	2906 mano	Address
		City/State and Zip Code
	<u>CCSUISSO</u> E-mail addre	ss: (to be used for future annual report notification)
For further info	ormation concerning this matter, pleas	se call:
Cami	Name of Person	at (40+) 399.9719 Area Code Daytime Telephone Number
Enclosed is a cl	heck for the following amount:	
t¥ \$25.00 Fili	ng Fee S30.00 Filing Fee & Certificate of Status	(additional copy is enclosed) Certified Copy (additional copy is encoded)
Regis Divis P.O. 1	ng Address: stration Section tion of Corporations Box 6327 hassee, 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

CS Products &	Services LLC
(<u>Name of the Limited Liabilit</u> (A Florida	Y Company as it now appears on our records.) Limited Liability Company)
The Articles of Organization for this Limited Liability C Florida document number <u>L2\0000983z9</u>	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limi	ted liability company here:
The new name must be distinguishable and contain the words "Limi	ted Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDR	ESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida ==
Name Barintana di Assarta Circa di Stata di Barintana di Assarta Circa di Stata di Barintana di Assarta Circa di Stata di Barintana di	City 29p Code
provisions of all statutes relative to the proper and co accept the obligations of my position as registered ag	A Agent: and agree to act in this capacity. I further agree to comply with the omplete performance of my duties, and I am fountiliar with and tent as provided for in Chapter 605, F.S. Or, if this document is d office address, I hereby confirm that the limited liability

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

Title	Name	Address	Type of Action
AMBR (Owner)	<u>Camila</u> Suisso	2900 manates Island or	🗆 Add
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		Signatur	e of a member or	authorized represer	stative of a member			