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COVER LETTER

TO: Registration So Division of Con		•	
	CSS CLOUD SERVICE	ES LLC	
SUBJECT:	Name of Lin	nited Liability Company	<u>•</u>
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Adley DaSilva		
		Name of Person	
	CSS CLOUD SERVIC	CES LLC	
		Firm/Company	·
	6700 NW 34th Avenue	•	
		Address	
	Ft. Lauderdale, Florid	a 33309	
		City/State and Zip Code	
	AdleyDasilva@gmail.	com to be used for future annual report noti	Gartier
For further information of	concerning this matter, please of	·	iteation)
Adley DaSilva		954 464-6937	
Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed is a check for t	he 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 Registration S Division of C	Section	Street Address: Registration Sec	
P.O. Box 632	-	Division of Cor The Centre of T	•
Tallahassee,	FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION. OF

CSS CLOUD SERVICES LLC 21 OCT 12 PH 1: 08 (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) March 9, 2021 The Articles of Organization for this Limited Liability Company were filed on ____ and assigned L21000112478 Florida document number 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 "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (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

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

MGR = M $AMBR = A$	lanager authorized Member	Address 21 0CT 12 PH 1: 0	,
<u>Title</u>	<u>Name</u>	Address 21 OCT 12 PH 1: 0	Type of Action
AMBR	Adley DaSilva	1941 SE Port St. Lucie Blvd., Port St. Luc	zie FL 34952 ≅Add
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