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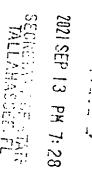
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COVER LETTER

TO: Registration Sec Division of Corp						
	: Clouds LLC					
SUBJECT:	Name of Limit	ted Liability Company				
The angloced Articles of	Amendment and fee(s) are subr	nitted for filing.				
			•			
Please return all correspon	ndence concerning this matter t	o the following.				
	Garneisha Hibbert					
		Name of Person				
· ·	Cee and Gee Clouds LLC					
•		Firm/Company				
	844 Corbin Cir. SW					•
		Address				
	Palm Bay, Florida 32908			22	20	
		City/State and Zip Code		AS:	2021 SEP 13	
	gameisha.hibbert@gmail.co				<u>م</u> پي	
	E-mail address: (to be used for future annual report noti	fication)	3:	$\overline{\omega}$	Ş
For further information c	oncerning this matter, please ca	all:		111	3	j
Gameisha Hibbert		305 781-0414			7: 2	ι,
Name o	f Person	at () Area Code Dayting	e Telephone Number	<u></u>	œ	
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Enclosed is a check for the	he following amount:					
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fcc & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filis Certificate Certified C (additional co	of Status & Copy		
N E. W 13 I		Street Address:				
Mailing Address: Registration Section		Registration Se	ection			
Division of C	Corporations	Division of Co				
P.O. Box 632	27	The Centre of	i ailanassee			

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Cee and Gee Clouds 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 May 10, 2021 and assigned Florida document number _____L21000217028 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.

City

If Changing Registered Agent, Signature of New Registered Agent

, Florida j

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
AMBR	Cassandra Gilbert	17550 NW 29th Court	
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			□Add
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			□Add
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			□ Change

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