Florida Department of State

Division of Corporations

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : PAVESE LAW FIRM Account Number : I20130000057

Phone

: (239)334-2195

Fax Number

: (239)332-2243

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

Email Address: bsenkiwp3(dgp, com

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CSB LLC

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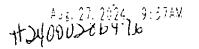
K. SALY

AUG 2 8 2024

Electronic Filing Menu

Corporate Filing Menu

Help



Registration Section

COVER LETTER

UBJECT:	Name of Limited Liability Company
te enclosed Articles o	of Amendment and fee(s) are submitted for filling.
lease return all corresp	condence concerning this matter to the following:
	Charles B. Capps, Esq.
	Name of Person
	Pavese Law Firm
	Firm/Company
	1833 Hendry Street
	Address
	Fort Myers, FL 32901
	City/State and Zip Code
	bsemkiw@3rdgp.com
	E-mail address: (to be used for future annual report notification)

Enclosed is a check for the following amount:

S25.00 Filing Fee

S30.00 Filing Fee & Certificate of Status ☐ \$55.00 Filling Fee & Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section Division of Corporations The Centre of Tallahassee

Daytime Telephone Number

2415 N. Monroe Street. Suite 810

Tallahassee, FL 32303

Street Address:

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H24000286476

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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CSB LLC			SEAHASSTAN
(Name of the Limited)	Liability Company a Florida Limited Liabi	it now appears on our recor ity Company)	ds.)
The Articles of Organization for this Limited Liab Florida document number 1.22000016433	llity Company wer	e filed on1/7/2022	and assigned
This amendment is submitted to amend the follow	ng:		
A. If amending name, enter the new name of the	e limited liability	company here:	
The new name must be distinguishable and contain the word	s "Limited Liability C	ompany," the designation "LL	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	e:	N/A	
(Principal office address MUST BE A STREET A	ADDRESS)		
Enter new mailing address, if applicable:	_	N/A	
(Mailing address MAY BE A POST OFFICE BO	<u> </u>		
B. If amending the registered agent and/or regi agent and/or the new registered office address b	stered office addr ere:	ess on our records, <u>ente</u>	r the name of the new registered
Name of New Registered Agent:	N/A		
New Registered Office Address			
	Enter Florida street address		
-			lorida
		Cinj	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

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HS (0.292 9:53AV)
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	Brian W. Semkiw	6285 Higheroft Drive	
		Naples, FL 34119	≣Remove
			⊒Change
AMBR	Dennis Semkiw	6285 Highcroft Drive	■Add
		Naples, FL 34119	Rēmove
			[]Change
	,		DAM TORRINGVE
 -			SST GChange 2: 50
			□ □ Change
			CRemove
			□ Change
			IRemove
			TChange

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2024 AUG 27 AM 2: 50

D. If amending any other information, enter change(s) here: (Auuch additional sheets, If necessary.) E. Effective date, if other than the date of filing: (optional)
(If an effective 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 605.0207 (3)(5) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed. August Dated Signature of a member or authorized representative of a member

Filing Fee: \$25.00

DENNIS SEMKIW

4 SUJECUORKH