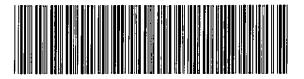
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11/2/2023

COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Jean Eddy Ulysse		
	<u></u> .	Name of Person	- V
	CELERITE CONSULTIN	G & MARKETING SOLUTIONS	LLC
		Firm/Company	
	6142 Miramar ParkwayD,	FL	
		Address	
	Miramar, FL 33023		
		City/State and Zip Code	
	provitax@gmail.com		
	E-mail address: (to be used for future annual report noti	fication)
For further information c	oncerning this matter, please c	all:	
Jean Eddy Ulysse		561 598-2351	
Name o	f Person	Area Code Daytim	c Telephone Number
Enclosed is a check for the	ne 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 P.O. Box 632 Tallahassee, 1	Section orporations 7	Street Address: Registration Seconds of Core The Centre of Tallahassee, FL	porations Callahassee e Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MY CASH BACK INVESTMENT LLC

2023 CCT 24 AH 7: 23

(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 03/29/2022 and assigned 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

It 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
MGR	CELERITE CONSULTING & MA	CELERITE CONSULTING & MARKETING SOLU	T □Add
		6142 Miramar Parkway #D Miramar, FL 33023	Remove
			Change
			_ □Add
			□Remove
			Change
			🗆 Add
			□Remove
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fective date, if other than the d n effective date is listed, the date must bote: If the date inserted in this bloc cument's effective date on the Dep	se specific and cannot be prick does not meet the appl	icable statutory filing	(optional requirements, this date	g.) Pursuant to 605.02
record specifies a delayed of the 90th day after the reco	effective date, but r d is filed.	ot an effective ti	me, at 12:01 a.m	. on the earlier
September 9	2023	·		

Page 3 of 3