

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:	Division of Corporations		7.7
	Fax Number : (850)617-6383		7.7.7.1 1.7.7.1 1.7.7.1
From:			S. C.
110111.	Account Name : AB ALL SERVICES	INC	
	Account Number : I20200000155		
	Phone : (305)882-1238 Fax Number : (305)882-1260		
anı	the email address for this busines nual report mailings. Enter only or ail Address:		
Ema		CT OR M/MG	please.**
Ema	nual report mailings. Enter only or ail Address:  LC AMND/RESTATE/CORREC  CSSA PARDO	CT OR M/MG	please.**
Ema	LC AMND/RESTATE/CORRECTED CONTROL CONT	TOR M/MG	please.**
Ema	nual report mailings. Enter only or ail Address:  LC AMND/RESTATE/CORREC  CSSA PARDO	CT OR M/MG	please.**

Electronic Filing Menu Corporate Filing Menu

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## **COVER LETTER**

CO: Registration S Division of Co			
CSSA PAI	RDO LLC		
	Name of Lir	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sul	purithed for filing	
	•		
r tease return an currespo	ondence concerning this matter	to the following:	
	CARLOS PARDO		
		Name of Person	<del></del>
	CSSA PARDO LLC		
		Firm/Company	
	3122 SILVERMILL LOO	P	
		Address	<del></del> -
	LAND O'LAKES, FL, 34	638	
		City/State and Zip Code	<u> </u>
	sebastianpardo@acielcolon		· · · · · · · · · · · · · · · · · · ·
For further information of	concerning this matter, please c	to be used for future annual report not all:	incation)
Schastian Pardo		786 7149135	
Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for the	he following amount:		
■ \$25.00 Filing Fee	☐ \$30,00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Malling Addres Registration 5		Street Address: Registration Sc	ection
Division of C	Corporations	Division of Con	rporations
P.O. Box 632 Tallahassee, i		The Centre of 3	Fallahassee be Street, Suite 810
i allaliassee, l	·	ZAID IN. MOHIO	ic aucei, autic oty

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION OF

CSSA PARDO LLC		
(Name of the Limited Liability Co (A Florida Limi	ompany as it now appears on our recordited Liability Company)	·d <sub>3</sub> .)
The Articles of Organization for this Limited Liability Comp	pany were filed on 05/12/2022	and assigned
Florida document number L22000222974		
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 L	liability Company," the designation "LLG	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<del>_</del>
(Principal office address MUST BE A STREET ADDRESS	<u> </u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		2022 <b>\$E</b> \$\frac{1}{2}\text{A}\text{B}\text{E}
3. If amending the registered agent and/or registered offi	lce address on our records, enter	r the fifting of the new regist
agent and/or the new registered office address here:	•	D W 4:2
Name of New Registered Agent:		<u> </u>
New Registered Office Address:		
	Enter Florida street addre.	as.
<del></del>		lorida
New Registered Auent's Signature if changing Devictored Age	City	Zip Code

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

Title	Name	<u>Address</u>	Type of Action
AR ———	Monica Maria Gonzalez	3122 Silvermill Loop Land o'lakes Fl, 34638-6069	[X] Add
			□ Remove
			□Change
			□Add
			□Remove
			Change
			🗆 Add
			□ Remove
			□Change
			□Add
			□Remove
			□Change
			🗀 Add
			□Remove
			□Change
			□Add
			□Remove

lt am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
iffect	tive date, if other than the date of filing: (optional)
f an ef <u>Yote:</u>	Tective 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. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ment's effective date on the Department of State's records.
reco d is fi	rd 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 iled.
)ated	8/30/2022 ,
	Sitte
	Signature of a nyember or withorized representative of a member
	Sebastian Pardo, CEO Typed or printed name of signec