

L220000231299

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

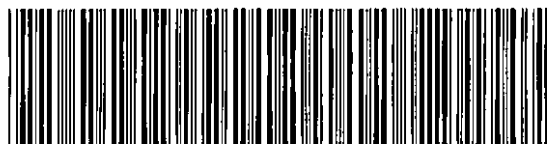
(Business Entity Name)

(Document Number)

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10/11/23--01025--021 \*\*25.00

2023 OCT 11 AM 7:33

## COVER LETTER

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: CS CONSTRUCTION SERVICES LLC

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MARIA S. CHINCOLI

\_\_\_\_\_  
Name of Person

CS CONSTRUCTION SERVICES LLC

\_\_\_\_\_  
Firm/Company

11968 ISELLE DRIVE

\_\_\_\_\_  
Address

ORLANDO, FLORIDA 32827

\_\_\_\_\_  
City/State and Zip Code

SABINACHINCOLI@GMAIL.COM

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARIA S. CHINCOLI

407

492-2832

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

Enclosed is a check for the 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 Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

2023 OCT 11 AM 7:33

CS CONSTRUCTION SERVICES 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 17, 2022 and assigned  
Florida document number L22000231299.

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)**

7157 NARCOOSSEE ROAD

#1358

ORLANDO, FLORIDA 32822

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:

MARIA S. CHINCOLI

New Registered Office Address:

7157 NARCOOSSEE RD #1358

*Enter Florida street address*

ORLANDO

*City*

Florida 32822

*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

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>	<u>Address</u>	<u>Type of Action</u>
AMBR	CPR Property Improvement Corp	11968 Iselle Drive	<input type="checkbox"/> Add
		Orlando, Florida 32827	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Maria Sabina Chincoli PA	11968 Iselle Drive	<input type="checkbox"/> Add
		Orlando, Florida 32827	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Maria Sabina Chincoli	11968 Iselle Drive	<input checked="" type="checkbox"/> Add
		Orlando, FL 32827	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Carlos A. Pineda	11968 Iselle Drive	<input checked="" type="checkbox"/> Add
		Orlando, FL 32827	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

(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)(b)

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.

2023

Maria Sabina Chincoli

**Filing Fee: \$25.00**