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(Re	equestor's Name)	.
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PICK-UP	☐ WAIT	MAIL
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2022 NOV -2 PH 3: 40 SECRETARY OF STATE TALLAHASSEF FI

COVER LETTER

TO:		istration Sect sion of Corpe						
CUBIC		8280 Constitu	ttion LLC					
SUBJE	CI:		Name of Limited Liability Company					
The enc	losed	Articles of Ar	mendment and fee(s) are sub-	nitted for filing.				
Please r	eturn	all correspond	lence concerning this matter t	o the following:				
			Erik Schafer					
								
				Firm/Company		_		
				Address	-	—		
			Stuart, FL 34997					
			City/State and Zip Code erikschafer@gmail.com					
		E-mail address: (to be used for future annual report notification)						
For furt	her in	formation con	cerning this matter, please ca	II:				
Erik Scl	hafer			860 650	1778			
		Name of P	erson	Area Code	Daytime Telephone Numb	 жг		
Enclose	d is a	check for the	following amount:					
■ S25	.00 F	iling Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclo	Certificated) Certific	Filing Fee, cate of Status & ed Copy (all 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

8280 Constitution LLC		
(<u>Name of the Limited Liability C</u> (A Florida Lin	ompany as it now appears on our records.) nited Liability Company)	
The Articles of Organization for this Limited Liability Completion of Complete Liability	pany were filed on <u>06/02/2022</u>	and assigned
'his 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" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRES.	<u> </u>	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of	fice address on our records, enter th	e name of the new registe
gent and/or the new registered office address here:		
Name of New Designation of Association		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
		ida
	City	Zin 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>	Address	Type of Action
MGR	Carl G Bardy Jr.	30 Extrusion Drive	□Add
		Stonington, CT 06379	■Remove
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			□Change
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October 27th	· · ·	2022	. •				
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