## L22000299098

(Re	equestor's Name)	
(Ad	ldress)	
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<b>,</b>	,	
(Cit	ty/State/Zip/Phone	#)
PICK-UP	WAIT	MAIL
(Bu	isiness Entity Nam	e)
(Do	ocument Number)	
ed Copies	_ Certificates	of Status
al instructions to	Filing Officer:	-
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## **COVER LETTER**

Registration Section
Division of Corporations

ro:

SUBJECT:	CSM	Renov	Ations LLC	
		Name of Lim	ited Liability Company	
The enclosed Arti	cles of Amendm	ent and fee(s) are sub	mitted for filing.	
Please return all c	orrespondence c	oncerning this matter	to the following:	
			Name of Person	
		CSM	Renovation Firm Company	ns LLC
		1229 We	Address	
	_	THUARES	City State and Zip Code	78
		E-mail address:	to be used for future admual repor	i notification)
or further inform	nation concernin	g this matter, please ca	all:	
Cathy	FOR IAI	^	at (35) (Area Code De	238 3839 aytime Telephone Number
Enclosed is a chec	ck for the follow	ing amount:		
□ \$25.00 Filing		0.00 Filing Fee & Pertificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	<ul> <li>\$60.00 Filing Fee.</li> <li>Certificate of Status &amp;</li> <li>Certified Copy</li> <li>(additional copy is enclosed)</li> </ul>
Registra Divisio P.O. Bo	Address: ation Section n of Corporat ox 6327 ssee, FL 3231		The Centre	Section Corporations of Tallahassee onroe Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

CSM Renovations	S LLC 2022 DEC -1 PM 12: 29		
(Name of the Limited Liability Compan (A Florida Limited Li	2022 DEC - 1 PM 12: 29  v as it now appears on our records.) SECRE 19-37 OF STATE TALLAHASSEE, FL		
The Articles of Organization for this Limited Liability Company v	vere filed on July 05, 2023 and assigned		
Florida document number <u>LZ2000299098</u>	J		
This amendment is submitted to amend the following:			
A. If amending name, <u>enter the new name of the limited liabil</u>	<u>ity company here</u> :		
The new name must be distinguishable and contain the words "Limited Liabilit	y Company." the designation "LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	1229 Wells AVE TRUALES FL 32778		
Principal office address MUST BE A STREET ADDRESS)	THUARES FL 32778		
Enter new mailing address, if applicable:	1229 Wells Ave		
Mailing address MAY BE A POST OFFICE BOX)	1229 Wells Ave TAUARES FL 32778		
gent and/or the new registered office address here:			
Name of New Registered Agent:	-		
New Registered Office Address:	Enter Florida street address		
	Fłorida		
	City Zip Code		
New Registered Agent's Signature, if changing Registered Agent:			
hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as propering filed to merely reflect a change in the registered office a company has been notified in writing of this change.	performance of my duties, and I am familiar with and ovided for in Chapter 605. F.S. Or, if this document is		
If Chang	ing Registered Agent, Signature of New Registered Agent		

f amending Authorized Person(s) authorized to manage. <u>enter the title, name, and address of each person—being added</u> or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u> Fitle</u>	<u>Name</u>	Address	Type of Action
MGR	Christophen Mana	1229 Wells Ave TAVARES, FL 32778	XAdd
	·	TAVARES, FL 32778	□Remove
			□Change
<del></del>			□Add
			□Remove
		□Chang	□Change
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		□ Remove	
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n effective date is lis ote: If the date ins	ther than the date of the the date must be specified in this block does date on the Department	not meet the applic	cable statutory filing r	(optional) than 90 days after filing.r equirements, this date	Pursuant to 605.020 will not be listed a:
ecord specifies a d is filed.	elayed effective date, bu	it not an effective t	ime, at 12:01 a.m. on	the earlier of: (b) The	e 90th day after the
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ted <u>12   1</u>		_			
red <u>12   1</u>	Chr. 15	of a member or auth	(NC) orized representative of	a member	<del></del>