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## COVERLETTER

	Corporations			9- <b>4</b>
JECT:	CqC	Cloud N	INE. Commoditie	esill
	·	Name of Limi	ned Liabinty Company	
enclosed Article	es of Amendme	ent and fee(s) are sub	mitted for filing.	
se return all cor	respondence co	ncerning this matter	to the following:	
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		Richard	Bag dasaria	J
			Name of Person	_
		ICARU	s solutions of	FLILL
			Firm/Company	
		490 S	E 17 Terra	ce
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		F. mail address: (	a buy a as future annual report no	ification)
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	_	this matter, please ca		
Richard	Bugo	lasarian	at (561) 50 4 Area Code Daytir	-0522
N:	ame of Person		Area Code Daytir	ne Telephone Number
losed is a check	for the following	ng amount:		
\$25.00 Filing F		.00 Filing Fee &	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed
_	ddress: ion Section of Corporation	ons	<u>Street Address:</u> Registration So Division of Co	rporations
P.O. Box	6327		The Centre of	Tallahassee

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## TO ARTICLES OF ORGANIZATION OF

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	2022 11/2 22
CAC CLOUD Nine C	ommodities, LC PM12 57
(Name of the Limited Liability Compar	ny as it now appears on our records.) iability Company)
(A Florida Limited L	
Articles of Organization for this Limited Liability Company	were filed on 10/11/2022 and assigned
rida document number <u>L 22000 43903.7</u>	
ida document number	
s amendment is submitted to amend the following:	
If amending name, enter the new name of the limited liabi	lity company here:
Cloud Nine Comm	
new name must be distinguishable and contain the words "Limited Liabili	
new hante mass de distinguishable and comain are words.	ny company, and designation large of the designation large.
er new principal offices address, if applicable:	
ncipal office address MUST BE A STREET ADDRESS)	
er new mailing address, if applicable:	
uiling address MAY BE A POST OFFICE BOX)	
uning audiess MAT DE ATOST OF FICE BOA	
If amending the registered agent and/or registered office a	ddress on our records, enter the name of the new registere
nt and/or the new registered office address here:	<u> </u>
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	THE T TOTAL SEEG WALLES
	Florido

## Registered Agent's Signature, if changing Registered Agent:

reby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the visions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and ept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is g filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability pany has been notified in writing of this change.

City

emoved from our records:

K =	Manager	
BR =	Authorized	Member

<u>e</u>	<u>Name</u>	Address	Type of Action
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			□Remove
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		Signature	if a member of	r authorized repre	sentative of a m	ember	Represion	