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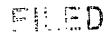
COVER LETTER

TO: Registration Secti Division of Corpo	on rations			
SUBJECT:	Se CVI Name of Limite	CCS LL d Liability Company		
The enclosed Articles of Ar	nendment and fee(s) are submi	itted for filing.		
Please return all correspond	ence concerning this matter to	the following:		
	Gerari	Name of Person	inez	
	11616	Firm/Company Moldress	Drive	2
	Bonitus gazservi E-mail address: (to	City/State and Zip Code C S 9 (Code) S be used for future annual representations	i Cloud ort notification)	4135 1.000
For further information con	ncerning this matter, please ca	11:		(-4
Ger and Name of	Godinez Person	at (<u>239</u>) Area Code	Lo & 2 - Daytime Telephor	6545_ ne Number
Enclosed is a check for the	e 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)

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

TO ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



CD7 Sprviv	PSILC	2022 NOV 15 PM 1: 12
(Name of the Limited Liability (A Florida Li The Articles of Organization for this Limited Liability Con Florida document number	npany were filed on	and assigned
This amendment is submitted to amend the following:	<i>)</i> (
A. If amending name, enter the new name of the limite	ed liability company here:	
The new name must be distinguishable and contain the words "Limite	d Liability Company," the desig	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	<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 agent and/or the new registered office address here:	office address on our reco	rds, <u>enter the name of the new registered</u>
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida	street address
		, Florida
	City	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>		Address			Type of Action
+MBR	Gerardo (podinez	11016 Boots	Smoker Socialis	101.	_lXvdd
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II amene	ling any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Note: I	e date, if other than the date of filing:
e record rd is file	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
	November 15. 2022
	Signature of a member or authorized representative of a member
	Gerardo Codinez Typed or printed name of signee