L23000059804

(Requestor's Name)
(Address)
(Address)
(1.00.000)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Seemose Cinn, Nemo,
(Document Number)
Certified Copies Certificates of Status
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APR 2 6 2023

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive Tallahassee, Florida 32312 (850) 656-4724

DATE <u>04/25/2025</u>		**WALK IN**
ENTITY NAME Cast	nfloit LLC	
DOCUMENT NUMBI	ER	
	PLEASE FIL	E THE ATTACHED AND RETURN
	Plain Copy	
XXXXXX	Certified Copy s	
	Certificate of Stat	as
	PLEASE OBTAIN T	HE FOLLOWING FOR THE ABOVE ENTITY
	Certified Copy of s	Arts & Amendments
	Certified Copy of s	Arts & Amendments Complete File (Inclading Annaal Reports)
	Certificate of Stat	as as
	Certificate of Stat	as Reflecting:
	APOSTILLE	'/NOTARIAL CERTIFICATION
COUNTRY OF DESTIN	IATION	
NUMBER OF CERTIFIC	CATES REQUESTED_	
TOTAL OWED \$ <u>5</u> 5.0	00	ACCOUNT # 120140000108 / United Corporate Services, Inc. For any issues or concerns. Thank you so much!
Please call Tina at	the above number f	or any issues or concerns. Thank you so much!

COVER LETTER

SUBJECT:	CASHFLOLT LLC				
Name of Limited Liability Company					
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspondence	ondence concerning this matter	to the following:			
	Jake Weiser				
		Name of Person			
	Ellevana Cap	ital LLC			
		Firm/Company			
	3050 Biscavi	ne Blvd., Suite 503			
		Address			
	Miami, FL 331	137			
		City/State and Zip Code			
	jake@ellevana	capital.com to be used for future annual report notif	ication)		
For further information of	concerning this matter, please or		(Catton)		
TO THE INCOME.	wheeling the harter, present a	••••			
Jake Weiser	cp.	at (_917)626-7219 Area CodeDaytime	7° 1 .1		
Name (of Person	Area Code Daytime	Telephone Number		
Enclosed is a check for t	he 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:

TO:

Registration Section Division of Corporations

> Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassec, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ARTICLES	F ORGANIZA OF	ATION	<i>;</i> ; ;	
			2600 ···	173
	ashflolt LLC		2023::::::25	AHIO
(Name of the Limited Liability C (A Florida Lin	ompany as it now appe ated Liability Company	ars on our records.)		on the fir
The Articles of Organization for this Limited Liability Comp	oany were filed on _	February 8, 2023	and a	ssigned
Florida document number <u>L23000059804</u>				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited	liability company	<u>here</u> :		
Cashfloit LLC				
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 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 registere registered agent and/or the new registered office address		on our records, <u>e</u>	nter the name	e of the nev
Name of New Registered Agent:				
		-		
New Registered Office Address:	Enter Fl	orida street address		
		ens · s	1	
-	City	, Florid	aZip 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 = A	Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			☐ Remove
			Change
			Add
			Remove
			☐ Change
			□ Remove
			Add
			□ Remove
			Add
			□ Remove
			Change
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			☐ Remove
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ote:	ve date, if other than the date of filing:
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
ited_	April 24, 2023
	the Win
	Signature of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00