L23000093774

| (Requestor's Name) | |
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| (Address) | |
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| WAIT | MAIL |
| (Business Entity Name) | |
| (Document Number) | <u>. </u> |
| Certificates of | Status |
| Filing Officer: | |
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Office Use Only



200411829552



S. ROBERTS

JUL 1 2 2023

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

| ACCOUNT NO. : I2000000195 |
|--|
| REFERENCE : 862552 4325838 |
| AUTHORIZATION THE BURNE |
| COST LIMIT : \$ 25.00 |
| ORDER DATE : July 11, 2023 |
| ORDER TIME : 10:05 AM |
| ORDER NO. : 862552-005 |
| CUSTOMER NO: 4325838 |
| |
| DOMESTIC AMENDMENT FILING |
| |
| NAME: CSPB 375 LLC |
| |
| EFFECTIVE DATE: |
| XX ARTICLES OF AMENDMENT RESTATED ARTICLES OF INCORPORATION |
| KLOTHIBS TRUTCHES OF TROOKFORMITOR |
| PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: |
| CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING |
| |

EXAMINER'S INITIALS:

CONTACT PERSON: Eyliena Baker -- EXT#

COVER LETTER

•

TO: Registration Section

| Division of Co | rporations | | |
|---|---|-------------------------|--|
| | LLC | | |
| SUBJECT: | Name of Lin | nited Liability Company | |
| | | | |
| The enclosed Articles of | Amendment and fee(s) are sul | bmitted for filing. | |
| | | | |
| | - I I I I I I I I I I I I I I I I I I I | to the tollowing. | |
| | Hou Chiu | | |
| | - | Name of Person | · · · · · · · · · · · · · · · · · · · |
| CSPB 375 LLC Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Hou Chiu | | | |
| | Name of Limited Liability Company he enclosed Articles of Amendment and fee(s) are submitted for filing. ease return all correspondence concerning this matter to the following: Hou Chiu | | |
| | CSPB 375 LLC Name of Limited Liability Company enclosed Articles of Amendment and fee(s) are submitted for filing. se return all correspondence concerning this matter to the following: Hou Chiu | | |
| | | Address | |
| | New York, NY 10036 | | |
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| Too further info-mail- | | · | lication) |
| | concerning this matter, please c | au: | |
| | | | |
| Name o | f Person | Area Code Daytim | e Telephone Number |
| m 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. | | | |
| | - | | _ |
| ■ \$25.00 Filing Fee | | Certified Copy | Certificate of Status & Certified Copy |
| | | | |
| Mailing Addres | <u>s:</u> | Street Address: | |
| | | Registration Se | ction |
| | | | |
| | | | |
| Tallahassee, I | FL 32314 | 2415 N. Monro | e Street, Suite 810 |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CSPB 375 LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on March 1, 2023 and assigned L23000093774 Florida document number This 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" or the abbreviation "I Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

City

If Changing Registered Agent, Signature of New Registered Agent

. Florida

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> | <u>Address</u> | Type of Action |
|--------------|----------------------|----------------------------------|----------------|
| MGR | Spencer J. Schlager | 214 Brazilian Avenue, Suite 200L | □ Add |
| | | Palm Beach, FL 33480 | ≣Remove |
| | | | □Change |
| MGR | Charles L. Rosenberg | 1501 Broadway, Suite 1700 | |
| | | New York, NY 10036 | ≣Remove |
| | | | □ Change |
| AMBR | | 1501 Broadway, Suite 1700 | = Add |
| | | New York, NY 10036 | □Remove |
| | | | □Change |
| | | | □Add |
| | | | □Remove |
| | | | □Change |
| | | - | □Add |
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| | Signature of a member or authorized representative of a member | |
| Charles L. Rosenberg | | |

Filing Fee: \$25.00