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(((H24000031425 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : COMPUTERSHARE Account Number : 110432003053 Phone : (561)694-8107

Fax Number : (561)214-8442

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address	

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **OLEOPNEUMATIC SUSPENSIONS LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

S. ROTERTS

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

OLEOPNEUMATIC SUSPENSIONS LLC		
(Name of the Limited Liability Company as it now a (A Florida Limited Liability Compa	ppears on our records.)	
The Articles of Organization for this Limited Liability Company were filed or Florida document number <u>L23000100173</u>	n02/24/2023	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability compar	w here:	
Cassoulet Ventures LLC		S 28
The new name must be distinguishable and contain the words "Limited Liability Company." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	the designation "LLC" or the	abbreddibn "L.C."
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		(AC) 400 (A)
B. If amending the registered agent and/or registered office address on o agent and/or the new registered office address here:	ur records, <u>enter the na</u>	me of the new registered
Name of New Registered Agent:		
New Registered Office Address:	r Florida street address	
Line.	The state of the s	
City	, Florida _	Zıp Code
•		zup Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree to act in provisions of all statutes relative to the proper and complete performant accept the obligations of my position as registered agent as provided for being filed to merely reflect a change in the registered office address. If company has been notified in writing of this change.	re of my duties, and I an in Chapter 605, F.S. O	n familiar with and Pr, if this document is

If Changing Registered Agent, Signature of New Registered Agent

Change

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>	Name	Address	Type of Action	
			☐ Change	
			□Add	
			Remove	
			[] Change	
			□Add	
			□Remove	
			Change	
			□Add	
			□Remove	
			[] Change	
			□Add	
			□Remove	
			☐ Change	
			□Add	
			□Remove	

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D. If amen	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	
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(If an effective Note: I	optional) citive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) of the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the nt's effective date on the Department of State's records.
If the record record 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 d.
Dated_	January 23 . 2024 .
	/s/ Caitlin Lazarus
	Signature of a member or authorized representative of a member Caitlin Lazarus, Attorney-in-Fact
	Typed or printed name of signee

Filing Fee: \$25.00