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COVER LETTER

Tallahassee, FL 32314

TO: Registration Section Division of Corporations
SUBJECT: CSS Enterprise Staff, 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:
Gabriela del Carmen Gallego
Name of Person
CSS Enterprise Staff, LLC
45 Sandhill Pines Dr
Address
Santa Rosa Beach, FL 32459
CSSenterprise 84@ gmail.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Gabriela D. Gallego 440, 990-5980
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
© \$25.00 Filing Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) ☐ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)
Mailing Address: Street Address:
Registration Section Registration Section
Division of Corporations P.O. Box 6327 Division of Corporations The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CSS Enter prise Staff, 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 May 25, 2023 and assigned Florida document number <u>L 23000 2572</u> 56 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 "L.L.C." 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 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
			🗆 Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			🗀 Add
			□Remove
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			©i ——□Remove
			© □Change
			🗀 Add
			□Remove
			□Add
			□Remove
			□Change

Article IV.	- 15 missing the #45	· ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` `
	should be:	
	#45 Sandhill Pines Dri	ve ve
-	Santa Rosa Beach, FL.	
·	7.72-2-7-2-7-	
		<u> </u>
		<u> </u>
		FF 2:
		
ive date, if other than the date of	filing: (optional	n.
fective date is listed, the date must be speci	fic and cannot be prior to date of filing or more than 90 days after filing not meet the applicable statutory filing requirements, this date	g.) Pursuant to 6
ent's effective date on the Departmen		e will not be in
rd specifies a delayed offertive date. h	ut not an effective time, at 12:01 \(\alpha \).m. on the earlier of: (b) \(\text{T}	the OOth day of
led.	at not an effective time, at 12.01 a.m. on the earner of (b)	ne 90m day ar
June 12		
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Signatur	e of a member or authorized representative of a member	