L23000299605

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COVER LETTER

	egistration Se ivision of Cor				
CUBICA		TONE AGENCY LLC			
SUBJECT	:	Name of Lin	nited Liability Company		
The enclos	sed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please retu	ırn all correspo	ondence concerning this matter	to the following:		
		Danielle Piedrahita Gonza	lez		
Name of Person					
CORNERSTONE AGENCY LLC					
Firm/Company					
6232 N STATE RD 7 APT 207					
			Address		
		COCONUT CREEK, FL 3	33073		
			City/State and Zip Code		
		cornerstonestudios.la@gma			
For further	information c	E-mail address: (oncerning this matter, please c	to be used for future annual report notification) all:		
	iedrahita Gonz		954 6384545		
	Name o	f Person	at ()Area Code Daytime Telephone Number		
Enclosed is	s a check for th	ne following amount:			
■ \$25.00) Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)		
	Lailing Addres		Street Address: Registration Section		
	ivision of C		Division of Corporations		
P	.O. Box 632	7	The Centre of Tallahassee		
T	allahassee, I	FL 32314	2415 N. Monroe Street, Suite 810		

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CORNERSTONE AGENCY LLC

company has been notified in writing of this change.

(A Florida Lii	Company as it now appears on our rec mited Liability Company)	ords.)
The Articles of Organization for this Limited Liability Com- Florida document number L23000299605		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	d liability company here:	
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "I	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 registered of	ffice address on our records, <u>en</u>	ter the name of the new regis
	ffice address on our records, <u>en</u>	ter the name of the new regis
	ffice address on our records, <u>en</u>	ter the name of the new regis
agent and/or the new registered office address here:		
Name of New Registered Agent:	ffice address on our records, en	
	Enter Florida street ade	

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

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>	<u>Address</u>	Type of Action
MGR	Karla Picdrahita Gonzalez	6232 N STATE RD 7	≅ Add
		APT 207	□Remove
		COCONUT CREEK, FL 33073	□Change
			□Add
			Remove
			□Change
			(R è move
			□Change
			: ○ :>> □Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
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			□Change

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	08/01/2023	
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	of filing: (optional cific and cannot be prior to date of filing or more than 90 days after filing so not meet the applicable statutory filing requirements, this days	g.) Pursuant to 605.02
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