## 123000309890

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## **COVER LETTER**

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SUBJECT:		) PS Cale Cation	ering by Che	f Craig,	LLC		
The enclosed Ar	ticles of Am	endment and fee(s) are sub	mitted for filing.				
Please return all	corresponde	nce concerning this matter	to the following:				
		Michelia	ne Ferdinar Name of Person	nd			
		<u> </u>	Firm/Company				
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		coral	Springs F. City/State and Zip Code	<u> </u>	5 88	SEP 27 F	7 (
	-	Elmail address: (	to be used for future annual re	@ OMG   eport notification)	il cum	PH 14: 48	معـــ ر فيوره
For further infor	mation conc	erning this matter, please c	all:		רדן	ထ	
Mich	Name of Pe	erdinand	at (786) Area Code	315-3018 Daytime Telepho	one Number		
Enclosed is a ch	eck for the fo	ollowing amount:					
≦ \$25.00 Filin	ng Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclo		\$60.00 Filing Certificate o Certified Co (additional cop.	f Status py	
Regist Divisi P.O. E	g Address: tration Section of Corp Box 6327 nassee, FL	oorations	Division The Cen 2415 N.	dress: tion Section tof Corporation tre of Tallahas Monroe Street tsee, FL 32303	ssee t, Suite 810		

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

UPSCAR COTEVY (Name of the Limited Liability Con (A Florida Limite	nplny as it now appears on our records.) Unchanged Liability Company)	<u> </u>
The Articles of Organization for this Limited Liability Compa Florida document number <u>L 23000309890</u> .	any were filed on(o   28   20	23 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	iability company here:	
The new name must be distinguishable and contain the words "Limited Li	iability Company," the designation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:		(C >>)
(Principal office address MUST BE A STREET ADDRESS)	, 5	E
		27
Pater non-mailing address if applicable.		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	•	· · · · · · · · · · · · · · · · · · ·
B. If amending the registered agent and/or registered offic agent and/or the new registered office address here:	ce address on our records, enter the nai	ne of the new registere
Name of New Registered Agent:		<del></del>
New Registered Office Address:	<del>-</del>	
	Enter Florida street address	
	, Florida	
	City	Zip 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 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
MGR	Micheline Ferdinard	10148 Royal Palm Blud	🗆 Add
		Coral Springs, FC. 33005	□Remove
		·	☑Change
MGR	Craig Brown	10148 Rayal Palm Blud	
	9	Coral Springs FL33065	□Remove
			🗆 Change
		SECRE LA	Add  Remove
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cord speci	ties a delayed	effective date.	but not ar	reffective ti	me, at 12:0	La.m. on the	earlier of:	(b) The	90th da	ly after the
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