## L23000352026

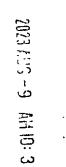
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## COVER LETTER

**Division of Corporations** THE CELESTIAL PARTNERS GROUP LLC SUBJECT: 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: Alexandra Elizabeth Name of Person The Patriot Group Firm/Company 7750 Okeechobee Blvd Address West Palm Beach, FL 33411 City/State and Zip Code support@thepatriotgrouphq.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 950 2237 Alexandra Elizabeth Daytime Telephone Number Name of Person Enclosed is a check for the following amount: □ \$55.00 Filing Fee & \$60.00 Filing Fee, ☐ \$25.00 Filing Fee Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed)

Mailing Address:

TO:

**Registration Section** 

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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THE CELESTIAL PARTNERS GROUP L	LLC	
( <u>Name of the Limited Liab</u> (A Flori	oility Company as it now appears on our records.) ida Limited Liability Company)	ယ
The Articles of Organization for this Limited Liability		and assigned
Florida document number L23000352026	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the list	mited liability company here:	
CELESTIAL PARTNERS GROUP LLC		
The new name must be distinguishable and contain the words "Li	imited Liability Company," the designation "LLC" or the	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:	**************************************	
(Principal office address MUST BE A STREET ADI	DRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or register	red office address on our records, enter the i	name of the new register
agent and/or the new registered office address here		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
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## 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 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>	Address	Type of Action
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ffective date, if other than the date of filing:  an effective date is listed, the date must be specific and cannot be prote:  If the date inserted in this block does not meet the approximent's effective date on the Department of State's reconstitution.	olicable statutor	ng or more than ry filing requir	(option 90 days after f ements, this	iling.) Purs	nuant to 605.020 not be listed a
record specifies a delayed effective date, but not an effectiv is filed.	e time, at 12:0:	l a.m. on the e	arlier of: (b)	The 90th	h day after th
August 1 2023					
ated August 1 , 2023 Signature of a member or a					

Filing Fee: \$25.00