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PICK-UP WAIT MAIL
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2023 KOY 20 FY 3: 21



COVER LETTER

TO: Registration So Division of Cor			•
SUBJECT:	Euphor, 19 R	Rar & Gr. 11 11	
		, assiquin,	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Cednic	Read Name of Person	
		Firm/Company	
	1331 ^	Address	
	Miami	City/State and Zip Code	
	Eupher; ad E-mail address: (ay tong Beach @ gr	iai (. Com fication)
For further information c	oncerning this matter, please ca	all:	
Cedric Name o	Reid f Person	at (<u>305</u>) <u>988 -</u> Area Code Daytim	1535 e Telephone Number
Enclosed is a check for the	ne following amount:		
☑ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration S		Street Address: Registration Se	ction
Division of C	Corporations	Division of Cor	porations
P.O. Box 632	2.7	The Centre of T	allahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Eughbria Bar El (Name of the Limited Liability Compa	Cn LLC ny as it now appears on our records.)	
(A Florida Limited L The Articles of Organization for this Limited Liability Company Florida document number <u>42300</u> 437432	Jability Company)	_3 and assigned
This amendment is submitted to amend the following:		2023 K3V
A. If amending name, enter the new name of the limited liabi	ility company here:	CS ACS
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the	
Enter new principal offices address, if applicable:		<u>ယ</u>
(Principal office address MUST BE A STREET ADDRESS)		2
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		5d are F1 72114
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, enter the n	ame of the new registered
Name of New Registered Agent: Cedra	ic Reid	
New Registered Office Address: 1331	NE JUGS) Enter Florida street address	 _
Miam		3314 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 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>	Name	Address	Type of Action
<u>Mgr</u>	Clardel Moel	29 moonglaw A-	□Add
		Ormand Beach fl 32174	_ ZRemove
			□ Change
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			□Remove

Effective date, if other than the date of filing:								
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after tiling.) Pursuant to 605.0207 (Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as to document's effective date on the Department of State's records. The record 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 ord is filed.								
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Dated Octobre 26, 2023. Signature of a member or authorized representative of a member	ecifies a delayed	effective date, t	ut not an eff	ective time,	at 12:01 a.m.	on the earlier	of: (b) The 9	Oth day after the
Signature of a member or authorized representative of a member	Octobre	2.6	. 2	023 <u> </u>				
Signature of a member or authorized representative of a member		1	1	n.				
		Signatu	e of a membe	r or authorize	d representative	of a member		
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Filing Fee: \$25.00