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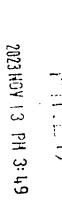
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COVER LETTER

TO:	Registration So Division of Co			
SUBJE	C&S Shops	s LLC		
SUBJE		Name of Lim	ited Liability Company	
		Amendment and fee(s) are sub	_	
		Sean A. Mussington		
			Name of Person	
		C&S Shops LLC		
		-	Firm/Company	
		3351 NW 85th Ave Unit 3	13	
		-		
	Address Coral Springs, Florida 33065			
			City/State and Zip Code	Zip Code Te annual report notification)
		smussi1976@gmail.com E-mail address: (to be used for future annual report notif	ication)
For furth	er information o	oncerning this matter, please c	•	,
Sean A.	Mussington		786 200-7326	
	Name o	f Person	at () Area Code Daytime	Telephone Number
Enclosed	l is a check for th	he 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	_	Street Address:	tion

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

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

C&S Shops LLC					
(Name of the Lim	ited Liability Comp (A Florida Limited	any as it now appears Liability Company)	on our records.)		
he Articles of Organization for this Limited I	Liability Company	were filed on Sept	tember 22, 2023	and ass	igned
orida document number L23000442013	·				
is amendment is submitted to amend the fol	lowing:				
If amending name, enter the new name	of the limited liab	oility company her	<u>re</u> :		
'A					
new name must be distinguishable and contain the	words "Limited Liab	ility Company," the de-	signation "LLC" or the al	obreviation "L.	L.C."
Enter new principal offices address, if applicable:		N/A			
Principal office address MUST BE A STREET ADDRESS)		N/A			
		N/A		21	(3)
				NON EZÜ	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		N/A		Y03	
		N/A		ū	· _
	N/A		P		
			•	. မှ	٠
If amending the registered agent and/or ent and/or the new registered office addre		address on our rec	cords, enter the nam	ie of the nev	v registe
Name of New Registered Agent:	N/A				
New Registered Office Address:	N/A				
		Enter Florida street address			
	N/A		, Florida ^{N/}	Α	
		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>	<u>Name</u>	Address	Type of Action
MGR	Sean A. Mussington	3351 NW 85th Ave Unit 313	
		Coral Springs, Florida 33065	□Remove
			□Add
			□ Remove
			□Change
			
			🖸 Remove
			□Change
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Effective date, if other than t (If an effective date is listed, the date in Note: If the date inserted in this document's effective date on the	nust be specific and block does not t	d cannot be prior t meet the applica	o date of filing or ble statutory fil	more than 90 days a	ptional) after filing.) Pursuant this date will not b	to 605.0207 (3 be listed as th
he record specifies a delayed effec ord is filed.						y after the
Dated October 18th		2023				
Dated October 18th	· was in 2	, 2023				
Dated October 18th Lan A. N Sean A. Mussington	Signature of a	member or author		ve of a member		_

Filing Fee: \$25.00