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(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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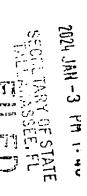


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## **COVER LETTER**

Registration Section

P.O. Box 6327

Tallahassee, FL 32314

TO:

Division of Corpo	ations				
SUBJECT:C	17950 HULDING L	-LC			
	Name of Limited	Liability Company			
The enclosed Articles of An	endment and fee(s) are submit	ted for tiling.			
Please return all corresponde	ence concerning this matter to t	the following:			
	MICHAEL	CARBONE			
	<del></del>	Name of Person	<del>.</del>		
		Firm/Company			
	DUANAUS POJE	RIVER BLVD C	<b>५</b> ०५		
		Address			
	<u></u>	PL 729]1		1991	
		City/State and Zip Code		본유 및	3
-		e used for future annual report no		一	-
For further information cone	erning this matter, please call:	e asca for fathre amuai report fit	atheatem)	2024 JAH - 3 PH 1: 48 SEOTIL VILLSEEE. FL	
MILLIAGE CA	KBONE	at (321) 432 Area Code Dayti	- 4050	T: H	
Name of Pe	rson	Area Code Dayti	me Telephone Number	- ri a	
Enclosed is a check for the fo	ollowing amount:				
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &	
Mailing Address: Registration Sec Division of Corp		Street Address: Registration S Division of Co			

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CB3950 HULDING LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) 12/11/27 The Articles of Organization for this Limited Liability Company were filed on and assigned Florida document number <u>L</u> 23000 547 437 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

## 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
MGR	TITAN GEMINI HUPING LLC	1109 CUFFEEN AVE, STE 1200	_ □Add
		SAKRIDAN, WY G2501 US	(XRemove
			_ □Change
MGR	MICHAEL C CARBUNE	3609 S.BANANA RIVER BLVD	_ t <b>¥</b> Add
		८ ९०४	□Remove
		CULVA BEACH, FL 32931	_ □Change
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cord speci s filed.	fies a delayed effective o	late, but not	an effective t	ime, at 12:01 a	.m. on the earli	er of: (b) The	e 90th day after	the
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Filing Fee: \$25.00