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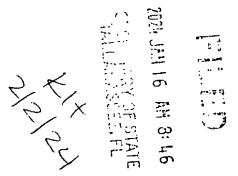
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Office Use Only



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COVER LETTER

Division of Co			,
CS CONTI	RACTING SERVICES, LLC	·	
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	CARLOS SANCHEZ		
		Name of Person	
	CS CONTRACTING SER	RVICES LLC	
	<u> </u>	Firm/Company	
	19316 SW 119TH PL		
		Address	
	MIAMI, FL 33177		
	MRCARLOSADOLFO@F	City/State and Zip Code HOTMAIL.COM	
	E-mail address:	(to be used for future annual report notificatio	n) () [2]
For further information of	concerning this matter, please c	all:	2024 JAN
CARLOS SANCHEZ		786 803-1958 at ()	4 16
Nате с	of Person	Area Code Daytime Tele	phone Number
Enclosed is a check for t	he following amount:		F/ 46
■ \$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 Address: 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

CS CONTRACTING SERVICES			
(Name of the Limi	ited Liability Compa (A Florida Limited	iny as it now appears on our rec Liability Company)	<u>:ords.</u>)
The Articles of Organization for this Limited L		were filed on DECEMBER	13, 2023 and assigned
his amendment is submitted to amend the fol			
A. If amending name, enter the new name of	of the limited liab	ility company here:	
he new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation "I	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	19316 SW 119th PL	
Principal office address MUST BE A STREET ADDRESS)		Miami, FL 33177	
Enter new mailing address, if applicable:		19316 SW 119th PL	
Mailing address MAY BE A POST OFFICE BOX)		Miami, FL 33177	- 2 <u>2</u>
3. If amending the registered agent and/or	nociatored office	address on our research on	to the name of the Gaus register
gent and/or the new registered office addre		audress on our records, <u>en</u>	Constant in the second
Name of New Registered Agent:			STA 6
New Registered Office Address:	19316 SW 119		
		Enter Florida street ad	dress
	Miami		, 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 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
			□Add
			□Remove
			□Change
			□Add
			Remove
			□Change
			□Add
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			Change Add SO Remove
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			□ Change

amending any other information, enter change(s) here: (Attach additional she	
	
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rective date, if other than the date of filing: In effective date is listed, the date must be specific and cannot be prior to date of filing or more than 9	(optional)
te: If the date inserted in this block does not meet the applicable statutory filing require	ements, this date will not be listed a
cument's effective date on the Department of State's records.	
cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the ea	arlier of: (b) The 90th day after the
s filed.	
ted 1/7/2024	
/)	
Signature of a member or authorized representative of a men	nber
The state of the s	· · · ·
CARLOS SANCHEZ	

Filing Fee: \$25.00