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SECTION AND SEE. FLE

COVER LETTER

TO: Registration Se Division of Cor			
CSR Ventu	ires, LLC		
SUBJECT:	Name of Limi	ited Liability Company	
		. 16 60	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspondence	ondence concerning this matter	to the following:	
	Carlie M. Riggle		
		Name of Person	
	CSR Ventures, LLC		
		Firm/Company	
	6415 Whit Ct		
		Address	
	Port Orange, FL 32128		
		City/State and Zip Code	
	earlie@esrventureslle.com E-mail address: ()	to be used for future annual report notification)	
For further information of	concerning this matter, please ca	all:	
Carlie Riggle		386 262-0412	
	of Person	at ()	
Enclosed is a check for t	he following amount:		
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & S60.00 Filing Certified Copy (additional copy is enclosed) Certified Copy (additional copy Certified Copy Certified Copy (additional copy Certified Copy Certified Copy (additional copy Certified Copy (additional copy Certified Copy Certified Copy (additional copy Certified Copy	Status 22
Mailing Addre Registration Division of O P.O. Box 632	Section Corporations	Street Address: Registration Section Division of Corporations The Centre of Tallahassee	PH 3: 49
Tallahassee,		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CSR ventures, LLC		
(Name of the Limited (A	Liability Company as it now appears on of Florida Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liab Florida document number L24000062609	ility Company were filed on 2/2/2024	and assigned
This amendment is submitted to amend the follow	ing:	
A. If amending name, enter the new name of th	ne limited liability company here:	
The new name must be distinguishable and contain the word	ds "Limited Liability Company," the designation	ation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicab	le:	
(Principal office address MUST BE A STREET	ADDRESS)	
		· · · · · · · · · · · · · · · · · · ·
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BO	<u></u>	
		· · · · · · · · · · · · · · · · · · ·
B. If amending the registered agent and/or regingent and/or the new registered office address because it is a second to the new registered office address because it is a second to the new registered office address because it is a second to the new registered of th		ds, enter the name of the new registe
Name of New Registered Agent:		
New Registered Office Address:		
Negistered office Address.	Enter Florida st	reet address
		, Florida
	City	Zip Code
New Registered Agent's Signature, if changing Reg	zistered Agent:	202 ¹ SE
I hereby accept the appointment as registered a provisions of all statutes relative to the proper accept the obligations of my position as registe being filed to merely reflect a change in the reg company has been notified in writing of this ch	and complete performance of my overed agent as provided for in Chap gistered office address, I hereby co	duties, and I am familiar with and ter 605, F.S. Or, if this document is

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
AMBR	Carlie M. Riggle	6415 Whit Ct	≅ Add
		Port Orange, FL 32128	□Remove
			☐ Change
AMBR	Shane K. Riggle	6415 Whit Ct	□ Add
		Port Orange, FL 32128	□ Remove
			■ Change
			□ Add
			□ Remove
		•	□Change
			□ Remove
			☐ Change
			□ Add
			Add SEC DE Move SEC DE MOVE
			Change Con Change
			
			□Remove
			□Change

The purpose of this Limited Liab	lity Company is to engage in any lawful act	tivity that is allowable in the
state of Florida.		
<u> </u>		
ive date, if other than the date fective date is listed, the date must be If the date inserted in this block nent's effective date on the Depart	specific and cannot be prior to date of filing or mo does not meet the applicable statutory filing	(optional), ore than 90 days after filing) Purson to 60, requirements, this die will not be list
d specifies a delayed effective da led.	te, but not an effective time, at 12:01 a.m. o	on the earlier of: (b) This with day after STATE 32.
March 4	2024	THE TO
	11/1/1/	

Filing Fee: \$25.00