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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

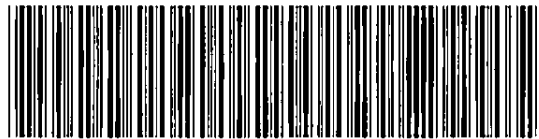
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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TALLAHASSEE, FL

## COVER LETTER

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: CSR Ventures, LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence 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

carlie@csrventuresllc.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Carlie Riggle

at ( 386 )

262-0412

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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 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

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**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>	<u>Address</u>	<u>Type of Action</u>
AMBR	Carlie M. Riggle	6415 Whit Ct	<input checked="" type="checkbox"/> Add
		Port Orange, FL 32128	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Shane K. Riggle	6415 Whit Ct	<input type="checkbox"/> Add
		Port Orange, FL 32128	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

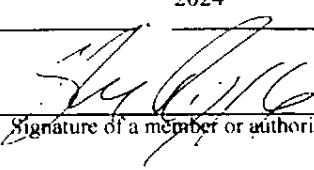
Change Article III, 'Other Provisions, If Any' to:

The purpose of this Limited Liability Company is to engage in any lawful activity that is allowable in the state of Florida.

**E. Effective date, if other than the date of filing:** 2/2/2024 (optional)  
(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 filing.) Pursuant to 605.0207 (3)(b)  
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If 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 record is filed.

Dated March 4 2024

  
Signature of a member or authorized representative of a member

Shane K. Riggle

Typed or printed name of signee

**Filing Fee: \$25.00**

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