124000108183

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PICK-UP WAIT MAIL
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06/12/24--01021--022 **25.00

6/24/24

COVER LETTER

TO:	Registration Se Division of Cor			
CUBIE	COT	LUTIONS LLC		
SUBJE	C1:		ited Liability Company	
The end	losed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please i	return all correspo	indence concerning this matter	to the following:	
		Stephen Murphy		
			Name of Person	
		KUBO SOLUTIONS LLC	;	
		· · · · · · · · · · · · · · · · · · ·	Firm/Company	
		779 Corbin Cir SW		
			Address	
		Palm Bay Florida, 32908		
			City/State and Zip Code	
		stephen.murphy@kubosolu	tions.com to be used for future annual report notification)	
For furt	her information c	oncerning this matter, please c	·	
	ı Murphy	•	904 305-3976	
		f Person	at () Area Code Daytime Telephone Number	_
Enclose	ed is a check for th	ne following amount:		
= \$2 5	5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	(additional copy is enclosed) Certified C	of Status &
	Mailing Address Registration S Division of C P.O. Box 632 Tallahassee, H	Section Torporations 7	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 81 Tallahassee, FL 32303	0

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

None of the Line o	1.	
(Name of the Limited Liability Comp (A Florida Limited	Liability Company)	ecotos.)
The Articles of Organization for this Limited Liability Company Florida document number L24000108183	y were filed on 03/01/2024	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	oility Company," the designation	"LLC" or the abbreviation "L.L.C."
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 agent and/or the new registered office address here:	address on our records, <u>e</u>	nter the name of the new register
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street a	nddress
	Cin.	_, Florida
	Ciţv	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

VUIDA CALUTIANC LLA

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
AMBR	Kristela Murphy	779 Corbin Cir SW Palm Bay Florida, 32908	
			□ Remove
			Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			□Change
-		· · · · · · · · · · · · · · · · · · ·	□ Add
		· -	□Remove
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		·	Gi □Remove
			□Change

June 6th 2024	decisions regarding KUBO So	OLUTIONS LLC.	
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	June 6th		:
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	d	Signature of a member or authorized repres	sentative of a member

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