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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

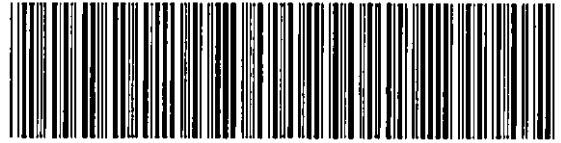
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
24 JUN 21 AM 4: 20
CLERK OF DISTRICT COURT
STATE OF FLORIDA

COVER LETTER

TO: **Registration Section
Division of Corporations**

SUBJECT: CELSIUS SERVICES 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

MANZIL ASHVINKUMAR PATEL

Name of Person

CELSIUS SERVICES LLC

Firm/Company

12808 ACHASTA BLVD

Address

HUDSON, FL 34669

City/State and Zip Code

manzil9129@gmail.com

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

For further information concerning this matter, please call:

MANZIL ASHVINKUMAR PATEL at (587) 2828860
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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

CELSIUS SERVICES LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on May 13th, 2024 and assigned Florida document number 1.24000222523.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

NA

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "L.L.C." or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

NA

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

NA

(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 the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

NA

New Registered Office Address:

NA

Enter Florida street address

NA

Florida NA

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>	<u>Address</u>	<u>Type of Action</u>
AMBR	MANZIL M PATEL	12808 ACHASTA BLVD	<input type="checkbox"/> Add
		HUDSON, FL	<input checked="" type="checkbox"/> Remove
		34669	<input type="checkbox"/> Change
AMBR	MANZIL ASHVINKUMAR PATEL	12808 ACHASTA BLVD	<input checked="" type="checkbox"/> Add
		HUDSON, FL	<input type="checkbox"/> Remove
		34669	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Owner name of "Manzil M Patel" needs to be corrected to "Manzil AshvinKumar Patel". Middle name needs to be

Corrected

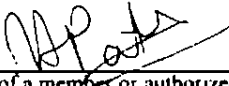
E. Effective date, if other than the date of filing: _____ (optional)

(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 8TH JUNE 2024



Signature of a member or authorized representative of a member

MANZIL ASHVINKUMAR PATEL

Typed or printed name of signee