

To: [REDACTED]

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2024-12-19 11:35:48 UTC-14

18506176383

From: ZenBusiness User

La4000226588
Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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((H24000416221 3))



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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : ZENBUSINESS INC.
Account Number : I20230000190
Phone : (844)449-3674
Fax Number : (512)597 0678

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
COMMUNITY CENTRIC SOLUTIONS LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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((H24000416221 3))

To:

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2024-12-19 11:35:48 UTC-14 18506176383
**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

From: ZenBusiness User
(((H240004162213)))

COMMUNITY CENTRIC SOLUTIONS 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 05/15/2024 and assigned
Florida document number 1.24000226588

This amendment is submitted to amend the following:

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

The new name must be distinguishable and contain the words "Limited Liability 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)

3842 SW Coquina Cove Way 207

Palm City, FL 34990

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

3842 SW Coquina Cove Way 207

Palm City, FL 34990

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:

New Registered Office Address:

Enter Florida street address

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

(((H240002162213)))

MGR = Manager
AMBR = Authorized Member

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Title	Name	Address	Type of Action
AMBR	Lorelei Walker	3842 SW Coquina Cove Way 207	☒ Add
		Palm City, FL 34990	☐ Remove
			☒ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
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			☐ Change
			☐ Add
			☐ Remove
			☐ Change

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

The business purpose shall read as follows: Community engagement for data-driven
 decision-making. Strengthening social infrastructure through tailored initiatives designed to promote
 community resilience.

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 December 18, 2024

/s/ Lorelei Walker

 Signature of a member or authorized representative of a member

Lorelei Walker

 Typed or printed name of signee