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	R. Henry			

06/18/24

COVER LETTER

TO: Registration Section Division of Corporations

CHI CHI HOLDINGS LLC
SUBJECT:

Tallahassee, FL 32314

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:

SHELDON MCVAY Name of Person Firm/Company PO BOX 847 Address EAGLE LAKE FL 33839 City/State and Zip Code S.MCVAY@CON-SUR.COM E-mail address: (to be used for future annual report notification) $^{\circ}$ For further information concerning this matter, please call: PH SHELDON MCVAY 863 287-3117 ÷ at (Name of Person Area Code Daytime Telephone Number S Enclosed is a check for the following amount: □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & S25.00 Filing Fee □ \$60.00 Filing Fee. Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy (additional copy is enclosed) Mailing Address: Street Address: **Registration Section Registration Section Division of Corporations Division of Corporations** P.O. Box 6327 The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CHI CHI HOLDINGS 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 06/10/2024	and assigned
Florida document number L24000263222	

This amendment is submitted to amend the following:

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

CSM2 HOLDINGS LLC

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

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 address on a <u>agent and/or the new registered office address here</u> :	our records, enter the mangeol the new registered
Name of New Registered Agent:	
New Registered Office Address:	

Enter Florida street address

Zip Code

_ Florida ____

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.

City

. . . If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> being added <u>or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

.

<u>Title</u>	<u>Name</u>	Address	Type of Action
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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(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 06/13	20	24
Dated	: :	·

Sheldon McVay

Signature of a member or authorized representative of a member

SHELDON MCVAY

Typed or printed name of signee