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## **COVER LETTER**

TO: Registration So Division of Cor			
CS GORD			
SUBJECT:	Name of Limi	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	nitted for filing.	
	ondence concerning this matter		
	CARLYLE GORDON		
		Name of Person	
	CARLSHER ENTERPRIS	SES	
	<u></u>	Firm/Company	
	5361 CEDAR LAKE RD		
		Address	,
	BOYNTON BEACH, FL	33437	
		City/State and Zip Code	
	gordoncarlyle92@yahoo.( E-mail address: (	co.uk to be used for future annual report notif	ication)
For further information	concerning this matter, please ca		_
CARLYLE GORDON		754 261-8364	·
Name	of Person	at () Area Code Daytime	: Telephone Number
Enclosed is a check for	the following amount:		
□ S25.00 Filing Fee	_	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addro Registration Division of	Section Corporations	Street Address: Registration Se Division of Cor The Centre of T	porations

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## **COVER LETTER**

TO:	Registration Sec Division of Corp			
	CS GORDO	ON LLC		
SUBJE	:CT:	Name of Limi	ted Liability Company	<del></del>
The en	closed Articles of a	Amendment and fee(s) are subt	nitted for filing.	
Please	return all correspo	ndence concerning this matter t	to the following:	
		CARLYLE GORDON		
			Name of Person	
		CARLSHER ENTERPRIS	SES	
		<del></del>	Firm/Company	
		5361 CEDAR LAKE RD		, , ,
			Address	
		BOYNTON BEACH, FL	33437	
			City/State and Zip Code	
		gordoncarlyle92@yahoo.d		
		E-mail address: (	to be used for future annual report no	infication)
For fur	ther information c	oncerning this matter, please co	ıll:	ت.
CARL	YLE GORDON		754 261-8364	
	Name o	f Person	at () Area Code Daytii	ne Telephone Number
Enclos	sed is a check for the	ne following amount:		
□ \$2	25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration Division of C P.O. Box 633 Tallahassee,	Section Corporations 27	Street Address: Registration S Division of Co The Centre of 2415 N. Mon	orporations

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CS GORDON LLC			
(Name of the Limi	ted Liability Compa (A Florida Limited)	iny as it now appears on o Liability Company)	<u>ur records.</u> )
he Articles of Organization for this Limited L	iability Company	were filed on	and assigned
lorida document number L24000343205			
nis amendment is submitted to amend the foll	owing:		
. If amending name, enter the new name o	f the limited liab	oility company here:	
ARLSHER ENTERPRISES LLC			
e new name must be distinguishable and contain the	vords "Limited Liabi	lity Company," the designat	tion "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if appli	rable:	NOT APPLICABLE	
Principal office address MUST BE A STREI			رسا
Americal office address 51031 DE ASTROST	21 /112/27 (3.0.0)		
		NOT APPLICABLE	l 
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		<del></del>	
s. If amending the registered agent and/or		address on our report	ين Secontor the name of the new registo
<ol> <li>If amending the registered agent and/or gent and/or the new registered office addro</li> </ol>	registerea omice ess here:	audress on our record	is, there is, hame at the
gent and/or any new exgansion			
Name of New Registered Agent:	SHEKERR G	RAHAM GORDON	
Name of New Registered Agent.		LAKE RD, 1332	
New Registered Office Address:	3361 CEDAR	Enter Florida str	reet address
	BOYNTON B		, Florida <sup>33437</sup>
	5011110110	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.

II 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>	Name	Address	Type of Action
MGR	SHEKERR GRAHAM GORDON	5361 CEDAR LAKE RD, 1332	
		BOYNTON BEACH, FL 33437	□Remove
			JiChange
			<b>V</b> □Add
			□Remove
			□Add
			□Remove
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Effective date, if other than the fan effective date is listed, the date mu Sote: If the date inserted in this belocument's effective date on the I	tack abes not me	come applicat	date of filing or r le statutory filin	(0) nore than 90 days a ng requirements.	<b>ptional)</b> ifter filing.) Pu this date wil	usuant to 605.02 I not be listed
record specifies a delayed effecti d is filed.	ve date, but not a	in effective tim	e, at 12:01 a.m.	on the earlier of	(b) The 9	0th day after th
October 30		2024	ized representativ		10	
<del>-</del>	Signature of a m	ember or author	меа териезациал	C OF a menuser	I	1

Filing Fee: \$25.00