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(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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Special Instructions to Filing Officer:				

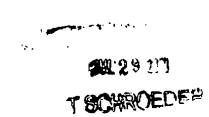
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COVER LETTER

TO: Registration Se Division of Cor						
SUBJECT: CPM, LLC Name of Limited Liability Company						
The enclosed Articles of	Amendment and fce(s) are sub					
Please return all correspo	ndence concerning this matter	to the following:				
		Clara fons May				
		CPM, LLC Firm/Company				
		2634 Jenks Are.				
		Panama City, FL City/State and Zip Code	32405			
	E-mail address: (Clara 1909 @ AOL, Co	SM ication)			
For further information c	oncerning this matter, please co	all:				
Billy Name o	May f Person	at (<u>850</u>) <u>76</u> Area Code Daytime	7 - 460 Telephone Number			
Enclosed is a check for the	ne 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 & Glectified Copy (additional copy is enclosed)			

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as	cit now appears on our	records.)		
(A Florida Limited Liabil	ity Company)			
The Articles of Organization for this Limited Liability Company were	e filed on	05/2005	and assigned	
Florida document number <u>L05000097968</u> .				
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 C	ompany," the designation	"LLC" or the abbrev	iation "L.L.C."	
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)	·	'	(a)	
		257, r 25 7, -2		
		<u> </u>	22	
Enter new mailing address, if applicable:		. '	<u> </u>	
(Mailing address MAY BE A POST OFFICE BOX)		95	<u>5, O</u>	
		<u> </u>	ယ 	
		2.2		
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:	address on our ro	ecords, <u>enter the</u>	name of the nev	
Name of New Registered Agent:				
New Registered Office Address:	Enter Florida street address			
		, Florida		
	Cuy		Lip Code	
New Registered Agent's Signature, if changing Registered Agent:				
I hereby accept the appointment as registered agent and agree to provisions of all statutes relative to the proper and complete per, accept the obligations of my position as registered agent as prov	formance of my duti	ies, and Lam fami	Tiar with and	

If Changing Registered Agent, Signature of New Registered Agent

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 Type of Action <u>Title</u> Name 1 <u>Address</u> 3413 Florida Avense DAGO _ billy s. May MGR Panama Cty, FL 32405 A Remove _□ Change □ Remove _□ Change Rémove G-□ Change CO □ Remove _□ Change _D Add □ Remove Change _🗇 Add _□ Remove

_□ Change

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Note: If the date	fother than the date of disted, the date must be spec- inserted in this block does live date on the Departme	s not meet the applica	it that or mine or more	(option than 90 days after fil equirements, this d	ing.) Pursuant t	to 605.0207 (3 e listed as th
the record spec) The 90th day	ifies a delayed effect y after the record is	tive date, but not filed.	t an effective tim	e, at 12:01 a.r	n. on the e	earlier of:
Dated	Mus	re of a member or autho	\[\int \] The rized representative of \]	n pember		_
			6	Y		
		<u>Clara Pa</u>	ons May			_

Page 3 of 3

Filing Fee: \$25.00