10600005781

| (Re | questor's Name) | |
|---------------------------|------------------|-------------|
| | | |
| (Add | dress) | • |
| (Ad | dress) | |
| (/0 | uiessj | |
| (Cit | y/State/Zip/Phon | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu: | siness Entity Na | me) |
| | | |
| (Do | cument Number |) |
| Certified Copies | _ Certificate | s of Status |
| Special Instructions to I | Filing Officer: | |
| | | |
| | | |
| | | |
| | 1 | |
| | dine | nd |

Office Use Only



800304251208

10/10/17--01028--029 **25.00

TOCT 10 AH 9: 12

M. MILLIGAN OCT 12 2017.

COVER LETTER ,

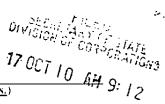
| Division of Co | | | |
|----------------------------|---|---|---|
| | ulting Services, LLC | | |
| | Name of Lim | ited Liability Company | |
| The enclosed Articles of | Amendment and fee(s) are sub | unitted for filing. | |
| Please return all correspo | ondence concerning this matter | to the following: | |
| | Paul Giovannetti | | |
| | | Name of Person | |
| | | Firm/Company | |
| | 2403 River Tree Circle | | |
| | | Address | |
| | Sanford, Florida 32771 | | |
| | | City/State and Zip Code | |
| | pgiovannetti@commerciala | Hiancegroup.com to be used for future annual report notifi | |
| For further information of | concerning this matter, please c | | cation) |
| Paul Giovannetti | | 407 330-3062 | |
| Name o | of Person | Area Code Daytime | Telephone Number |
| Enclosed is a check for t | he 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/COURIER ADDRESS:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



CAG Consulting 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 $\frac{02/13/2006}{2}$ and assigned Florida document number L06000015781 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 "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 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

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> | Address | Type of Action |
|--------------|---------------------|---------------------------------|----------------|
| AMBR | Anthony Giovannetti | 205 Avenue C. Ponte Verda 32802 | Add |
| | 4,44,2 | Remove | |
| | | | Change |
| | | | |
| | | Remove | |
| | | | Change |
| | | | |
| | | Remove | |
| | | | Change |
| <u> </u> | | | |
| | | | Remove |
| | | | Change |
| | | | |
| | | | Remove |
| | | | □ Change |
| | | | |
| | | ☐ Remove | |
| | | | Change |

| • | ng any other information, enter change(s) here: (Attach additional sheets, if necessary.) |
|---------------------|--|
| - | |
| | |
| | · · · · · · · · · · · · · · · · · · · |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | 0.1.0.201 |
| Effective | date, if other than the date of filing: (optional) |
| <u>Note:</u> If the | we 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 605,020 he date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a |
| document' | 's effective date on the Department of State's records. |
| ne record | d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier o |
| | of the day after the record is filed. |
| Q _{ren} | tober 9 / 2017 |
| Dated | ; ==== |
| (| the trivial Mir |
| | Signardy of a member or authorized representative of a member |
| | Paul Giovannetti, Manager of CAG Manager Exchange, LLC, Manager of Consulting Services, LLC |
| | Typed or printed name of signee |

Page 3 of 3

Filing Fee: \$25.00