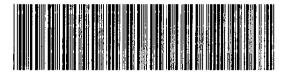
# L06000015786

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J. SAULSBERRY EXAMINER MAY 11 2011

# **COVER LETTER**

TO: Registration Se Division of Cor					
SUBJECT: CA	G Manageme Name of Limi	INF Services LL ited Liability Company	<u>C</u>		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	Sco	H Colon Name of Person	<del>-</del>		
	CA6	Firm/Company  IVER TICE CICCA  Address  J FL 32771  City/State and Zip Code  ommercial alliance g to be used for future annual report notifica	ice recover	2011 HAY	T <sub>i</sub>
	2403 R	iver Tree Circle	ARYOF S	OII HAY IO AMII: 5	M
	Sanfora	L J Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z	STATES CORIDA	II: 57	السنا
	Scolon @ C	ommercialalliance g to be used for future annual report notifica	ation)		
For further information c	oncerning this matter, please o	call:			
Name o	Glen f Person	at ( 407) 330 - 30  Area Code & Daytime	62 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 Sta Certified Copy (additional copy		ed)

### 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 Managenen	Services, LLC Company as it now appears on		
( <u>Name of the Limited Liability</u> (A Florida l	Company as it now appears on Climited Liability Company)	our records.)	
The Articles of Organization for this Limited Liability Co. Florida document number L06000015786	Company were filed on	11/2006 and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limit	ited liability company here:		
The new name must be distinguishable and end with the wor "L.L.C."	ds "Limited Liability Company," t	he designation "LLC" or the abbreviation	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDR	(ESS)	20	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)		FILECRETARY OF LAHASSEE, F	
B. If amending the registered agent and/or regist registered agent and/or the new registered office addr		ecords, enter the name of the new	
Name of New Registered Agent:			
New Registered Office Address:	Futor Fl.	orida street address	
	City	, Florida 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 608, 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 amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

<u>Title</u>	Name	Address	Type of Action
MGR	Deborah Giovameth	2403 River Tree Circle Sanford, FL 32771	Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amendi 	ing any other information, enter change	(s) here: (Attach additional sheets, if necessary)	ARY O
		CORIDA	
 Dated	05/06 , 201		
· -	Signature of a member of the Colon of the Colon of Typed o	or authorized representative of a member  141 (A6 Magor Exchase or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00