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Office Use Only



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SECRETARY OF STATE
FALLAHASSEE, FLORIDA

D. BRUCE

NOV 16 2011

EXAMINER

COVER LETTER

| TO: Registration Section Division of Corporations | |
|--|--|
| SUBJECT: 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: Name of Person | |
| Firm/Company | |
| Address Manual Flag Salt Salt Salt Salt Salt Salt Salt Salt | SECRETARY OF STATE FALLAHASSEE, FLORIDA |
| Enclosed is a check for the following amount: | |
| Certificate of Status Certified Copy Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) | 00 Filing Fee, rtificate of Status & rtified Copy Iditional copy is enclosed) |
| MAILING ADDRESS: STREET/COURIER ADDRE | SS: |

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Cash Mar | tin LLC | |
|---|---|--|
| (Name of the Limited Liability Comp (A Florida Limited | pany as it now appears on of Liability Company) | our records.) |
| The Articles of Organization for this Limited Liability Compar | . ام | and assigned |
| Florida document number Ldo 00031152. | | • |
| This amendment is submitted to amend the following: | | AG = |
| A. If amending name, enter the new name of the limited lia | ability company here: | CARETAI CARETAI |
| The new name must be distinguishable and end with the words "Lir"L.L.C." | mited Liability Company," t | he designation "LIA" or the abbreviation |
| Enter new principal offices address, if applicable: | | ST S |
| (Principal office address MUST BE A STREET ADDRESS) | | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | 98403 Mame, | N 77 Que #202 Fla 331510 |
| B. If amending the registered agent and/or registered or registered agent and/or the new registered office address he | | ecords, enter the name of the new |
| Name of New Registered Agent: | | |
| New Registered Office Address: | Enter El | ovide atreat address |
| | Enter Florida 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 Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager for Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member

<u>Title</u> <u>Address</u> **Type of Action** Name D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary) Dated Signature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00