

LO6 0000 36995

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

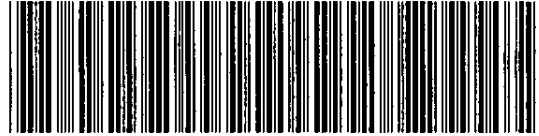
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



300138742083

12/15/08--01052--008 \*\*30.00

FILED  
2008 DEC 15 AM 11:04  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

T. CLINE

DEC 16 2008

EXAMINER

LO6-36995

## COVER LETTER

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: Commercial Data Solutions, LLC  
(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:

Matthew Mauldin  
(Name of Person)

Commercial Data Solutions, LLC  
(Firm/Company)

P. O. Box 1032  
(Address)

Summerfield, FL 34492  
(City/State and Zip Code)

For further information concerning this matter, please call:

Matthew Mauldin at ( 352 ) 589-8188  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the 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

FILED  
2008 DEC 15 AM 11:04  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

Commercial Data Solutions, 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 April, 7, 2006 and assigned  
Florida document number H06000092806 3.

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 end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

304-1 Richey Rd.

**(Principal office address MUST BE A STREET ADDRESS)**

Leesburg, FL 34748

Enter new mailing address, if applicable:

P. O. Box 1032

**(Mailing address MAY BE A POST OFFICE BOX)**

Summerfield, FL 34492

**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:

Matthew Mauldin

New Registered Office Address:

6300 SE 121st Pl

*(Enter Florida street address)*

Belleview

*(City)*

, Florida 34420

*(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 or Managing Member being added or removed from our records:

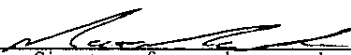
MGR = Manager  
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Wallace R. Mauldin	6223 SE 122nd Ln Belleview, FL 34420	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary)*

Please correct spelling of last name for managing member--Matthew Mauldin

Dated December 11, 2008

  
Signature of a member or authorized representative of a member

Matthew Mauldin

Typed or printed name of signee

FILED  
DEC 15 AM 11:04  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA