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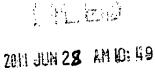
Registration Section Division of Corporations

TO:

SUBJECT:	CD DEVE	LOPMENT, L.L.C.		
		ited Liability Company		
The enclosed Articles of	of Amendment and fee(s) are su	bmitted for filing.		
Please return all corres	pondence concerning this matte	r to the following:		
		Jeffrey M. Lasman		
		Name of Person		
	Lasman Law Firm, P.A. Firm/Company			
		1 into Company		
	1560 W. Cleveland St.			
		Address		
	•	Tampa, FL 33606		
		City/State and Zip Code		
	E-mail address: (	eff@lasmanlaw.com to be used for future annual report notif	cation)	
For further information	concerning this matter, please of	call:		
Jef	frey M. Lasman	at ( 813 )  Area Code & Daytim	490-9595	
Name	of Person	Area Code & Daytim	c Telephone Number	
Enclosed is a check for	the following amount:			
<b>₹</b> \$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)	
Regis Divis	LING ADDRESS: stration Section ion of Corporations	STREET/COURI Registration Section Division of Corpor	n	
	Box 6327	Clifton Building	ntor Cirolo	

Tallahassee, FL 32301

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



CD D	EVELOPMENT, L.L.C.	nan L	AHASSES FLORIDA
( <u>Name of the Limited Liai</u> (A Flo	bility Company as it now appear rida Limited Liability Company)	s on our records.)	ATTA OUT
The Articles of Organization for this Limited Liabil	• • •	06/22/2006	and assigned
Florida document number L0600063615	<del>9</del>		
This amendment is submitted to amend the following	ng:		
A. If amending name, enter the new name of the	limited liability company her	<u>e</u> :	
The new name must be distinguishable and end with the "L.L.C."	e words "Limited Liability Compa	ny," the designation "L	LC" or the abbreviation
Enter new principal offices address, if applicable	<u> </u>		
(Principal office address MUST BE A STREET A.	-		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX	<u> </u>		
B. If amending the registered agent and/or r registered agent and/or the new registered office		ur records, <u>enter tl</u>	ne name of the new
Name of New Registered Agent:			
New Registered Office Address:	F.,,	er Florida street addr	vanus.
<del></del>	City	, Florida	Zip Code
New Registered Agent's Signature, if changing Regis	stered 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

Page 1 of 2

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>	Address	Type of Action			
MGR	Bethany Pagliarulo	15402 N. Nebraska Avenue #102 Lutz, FL 33549	Add Remove			
			Add Remove			
			Add Remove			
			Add Remove			
			Add Remove			
			Add Remove			
D. If amendin	g any other information, enter change(	s) here: (Attach additional sheets, if necessary.)				
			2EII JUN 28 M			
Dated	June 8 201	1	To to			
_		r authorized representative of a member				
Rocky Pagliarulo Typed or printed name of signee						

Page 2 of 2

Filing Fee: \$25.00