

L07000019960

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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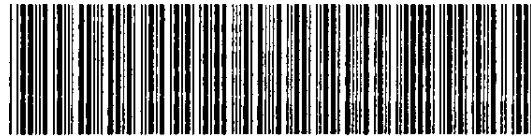
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 MAR 21 AM 11:25

T. HAMPTON
MAR 22 2011
EXAMINER

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: CMM OF LBK, 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:

Philip A. Goldblum, Esquire

Name of Person

Goldblum Sablowsky, LLC

Firm/Company

285 E. Waterfront Drive, Suite 160

Address

Homestead, PA 15120

City/State and Zip Code

carla_m_muggio@uhc.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Philip A. Goldblum, Esquire

Name of Person

at (412)

464-2230

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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

11 MAR 21 AM 11:25

CMM OF LBK, 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 February 21, 2007 and assigned
Florida document number L07000019960

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:

3533 Fair Oaks Lane

(Principal office address MUST BE A STREET ADDRESS)

Longboat Key, FL 34228

Enter new mailing address, if applicable:

3533 Fair Oaks Lane

(Mailing address MAY BE A POST OFFICE BOX)

Longboat Key, FL 34228

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:

Carla M. Muggio

New Registered Office Address:

3533 Fair Oaks Lane

Enter Florida street address

Longboat Key

Florida

34228

City

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.

Carla M. Muggio
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>
MGRM	Carla M. Muggio	3533 Fair Oaks Lane Longboat Key, FL 34228	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Carla M. Muggio, Trustee	The Carla M. Muggio Revocable Trust 3533 Fair Oaks Lane Longboat Key, FL 34228	<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

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

Dated February 17, 2011.

Carla M. Muggio

Signature of a member or authorized representative of a member

Carla M. Muggio, Trustee

Typed or printed name of signer

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