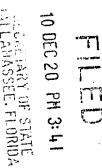
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D. BRUCE

DEC 21 2010

**EXAMINER** 

ř	1,	COVER LETTER			
TO: Registration S Division of Co					
SUBJECT:	CBT	Group LLC			
		ited Liability Company	· · · · · · · · · · · · · · · · · · ·		
The enclosed Articles o	f Amendment and fee(s) are su	bmitted for filing.			
Please return all corresp	ondence concerning this matte	r to the following:			
		Roland E. Borglund		_	
		Name of Person			
		Firm/Company		-	
	1106 V	V. Indiantown Road, Suite 1	<u></u>	-	
		Address			
		Jupiter, FL 33458			
		City/State and Zip Code	<u> </u>	10 DEC 20 מבולאוואss	1 3
	reb	@borglundsurface.com to be used for future annual report notificat	· · · · · · · · · · · · · · · · · · ·	20 A.S.S.	turnishmuntum Turnishmuntum
			:10n)		
For further information	concerning this matter, please	call:		rro co	
Rola	ind E. Borglund	at (561)	17-9234	ORID ORID	
Name	of Person	Area Code & Daytime T	elephone Numbe	er	
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)	Certifie	ate of Status &	osed)

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

	CBT Group LLC	·		
(Na	me of the Limited Liability Company as it nov (A Florida Limited Liability Co	w appears on our records.) mpany)	<del></del>	
The Articles of Organization f	or this Limited Liability Company were filed	I onMay 3, 2007	and assigned	
Florida document number	L07000046793			
This amendment is submitted	to amend the following:			
A. If amending name, enter	the new name of the limited liability comp	any here:		
The new name must be distingui "L.L.C."	shable and end with the words "Limited Liabilit	y Company," the designation	"LLC" or the abbreviatio	
Enter new principal offices a	address, if applicable:			
(Principal office address MUS	ST BE A STREET ADDRESS)		<u> </u>	
			1855 20 F	
Enter new mailing address, i	f applicable:			
(Mailing address MAY BE A POST OFFICE BOX)	POST OFFICE BOX)		F5 6	
			OR .	
			747	
	ered agent and/or registered office addre	ess on our records, enter	the name of the nev	
registered agent and/or the n	new registered office address here:			
Name of New Regist	ared A cents			
Name of New Regist	ered Agent.			
New Registered Office	ce Address:	Eutov Elovida atvest ad	lduan	
		Enter Florida street address		
	City	, Florida _	Zip Code	
	City		zip Coae	

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	Christopher C. Tyson	1106 W. Indiantown Road Suite 1 Jupiter, FL 33458	☐ Add ☐ Remove
MGR	Kevin P. Carter	1106 W. Indiantown Road Suite 1 Jupiter, FL 33458	Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amendir	ng any other information, enter chang	e(s) here: (Attach additional sheets, if necessary.)	
			10 DEC 20 PM
Dated	December 15 20	110	PH 3: LI OF STATE ELFLORIDA
_	Signature of a member	or authorized representative of a member land E. Borglund	<del></del>
_	Typed	or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00