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D. BRUCE

OCT 6 2009

EXAMINER

COVER LETTER

Division of Co			
SUBJECT:	Cyntrist	, LLC	
		ited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sul	bmitted for filing.	
Please return all corresp	ondence concerning this matter	r to the following:	
		Stephen Wells	4. 40.
		Name of Person	
	C	yntrist : LLC	
	·	Firm/Company	
		680 Via Lugano	
•		Address	
•	v	Vinter Park, FL 32789	
		City/State and Zip Code	
	E-mail address: (ail@stephenwells.com to be used for future annual report notifica	tion)
For further information of	concerning this matter, please of	call:	
St	ephen Wells	at (407) 62	28-1411
	of Person	at (407) 62 Area Code & Daytime T	elephone Number
Enclosed is a check for t	the following amount:		
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 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**

	Cyntrist	, LLC		
(Name of the Limited (A	Liability Compar Florida Limited L	ny as it now appea: liability Company)	rs on our records.)	
The Articles of Organization for this Limited Li	were filed on	06/25/2007	and assigned	
	 '			
This amendment is submitted to amend the follo	wing:			
A. If amending name, enter the new name of	the limited liab	ility company her	<u>'e</u> :	
The new name must be distinguishable and end with "L.L.C."	the words "Limi	ted Liability Compa	nny," the designation "L	LC" or the abbreviation
Enter new principal offices address, if applicable:		2500 Maitlan	d Center Parkway	<u>'</u>
(Principal office address MUST BE A STREET ADDRESS)		Suite #311		
		Maitland, FL	32751	
Enter new mailing address, if applicable:		·····		
(Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/o registered agent and/or the new registered of	•		our records, <u>enter t</u>	he name of the new
Name of New Registered Agent:	Stephen Wells			
New Registered Office Address:	680 Via Lug			
•		En	ter Florida st <mark>r</mark> eet add	ress
	W	/inter Park	, Florida	32789
		City		Zip Code
New Registered Agent's Signature, if changing R	egistered 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>	Address	Type of Action
MGR ,	Fifty K Group, LLC	2710 Rew Circle Suite 200 Ocoee, FL 32761	Add Remove
MGR_	AMWright Holdings, Inc	409 IPSWICH STREET ALTAMONTE SPRINGS FL 32701	Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amen	ding any other information, ent	er change(s) here: (Attach additional sheets, if necessary.)	<u> </u>
_			_
_			<u> </u>
Dated	SEPT. 30	, 2009	
	Signature of	a member or authorized representative of a member	
	STEPHEN WE	Uン Typed or printed name of signee	
		Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00