

Electronic Filing Cover Sheet

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(((H080000201103)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number : 072450003255 Phone : (305)634-3694

Fax Number : (305)633-9696

18 JAN 25 AM 8: 31

CAVM HOLDINGS, LLC

Certificate of Status	. 1
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Page Count	03
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Electronic Filing Menu

Corporate Filing Menu

J.HBRYAN

JAN 28 2008

EXAMINER

L/24/2008 12:25 PM

of 1

EMPIRE CORP KIT

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17:21 8002/92/10



January 25, 2008

FLORIDA DEPARTMENT OF STATE

Division of Corporations

EMPIRE CORPORATE KIT COMPANY

SUBJECT: CAVM HOLDINGS, LLC

REF: L07000125936

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We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

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Joey Bryan

Regulatory Specialist II

FAX Aud. #: H08000020110 Letter Number: 708A00005288

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08 JAN 25 PH 1: 35

SECHLIAN OF STATE

MALDAHASSEE, FLORIDA

P.O BOX 6327 - Tallahassee, Florida 32314

01105 0000 80H

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CAVM HOLDINGS, LLC

(Name of the Limited Liability Company as it now annears on our records.)
(A Florida Limited Liability Company)

·	* **	
The Articles of Organization for this Limited Lia	bility Company were filed on DECEME	BER 19, 2007_and assigned
Florida document number	· .	08 INISE
		8 15EC
This amendment is submitted to amend the follow	vina.	SION OF CO
	·····5	N THE
		. ය
A. If amending name, enter the new name of t	he limited liability company here:	7
		6 20
The new name must be distinguishable and end with	the words "Limited Liability Company," the o	esignation "LLC" or the abbreviation
"L.L.C."		8 %
•		
B. If amending the registered agent and/or	wordstaned office address on any area	udlo
registered agent and/or the new registered officers		os, enter the name of the nev
eligibitet per affettt attmbi, tile tielle resigner en ottie	E ROOI BS RETE:	•
	•	
Name of New Registered Agent:		
New Registered Office Address:		
Now Registered Office Aduless.	(Enter Florida street address)	
	•	
	(City)	Florida
	(City)	(Zip Code)
•		•
New Registered Agent's Signature, If changing Re-	ristered Agent:	
,		•
hereby accept the appoi <mark>ntment as re</mark> gistered t	recent and comes to not in this comesin.	forther acres to comply with
the provisions of all statutes relative to the pro	ngen, und agree to uct in this capacity. I ngr and complete performance of my dy	juruer agree to comply with the and I am familian with and
accept the obligations of my position as registe	red agent as provided for in Chapter 60	R FS Or Whis document is
being filed to merely reflect a change in the res	istered office address. I hereby confirm	that the limited liability
company has been notified in writing of this ch	ange.	·
	u ··	
	<u></u>	
	(If Changing Registered Agent, Signat-	re of New Registered Agent)

Page 1 of 2

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HOS OOOD ZOIIO

If amending the Managers or Man and Members on our records, enter the title name, and address of each Manager or Managing Member being added or removed from our records:

MGRM = Managing Member Type of Action <u>Address</u> Title <u>Name</u> PETER RASENACK **MGRM** 8370 WEST PLAGLER STREET, SUITE 206 Remove MIAMI, FLORIDA 33144 ☐ Add Remove Remove Add Remove Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated Signature of a member or authorized representative of a member

> Typed of printed name of signee Page 2 of 2

> > Filing Fee: \$25.00

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MGR = Manager