## LD800006757

. (Re	equestor's Name)			
. (Ad	idress)	· · · · · · · · · · · · · · · · · · ·		
(Ad	ldress)			
(Cit	ty/State/Zip/Phone	e #)		
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## **COVER LETTER**

TQ: Registration Section
Division of Corporations

SUBJECT: CORRECTIONAL MANAGEMENT & COMMUNICATIONS GROUP, 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:

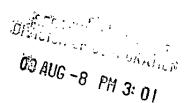
	Carlyle Holder		
		(Name of Person)	
	CORRECTIONAL M	ANAGEMENT & COMMUNIC	CATIONS GROUP, LLC
		(Firm/Company)	<del></del>
	614 E HWY 50 STE #	255	
		(Address)	
	CLERMONT FL 3471	11	
	<del></del>	(City/State and Zip Code)	
For further information Harolyn Salandy	concerning this matter, please o	call:at ( 305 ) 926-7736	
	of Person)	(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



## CORRECTIONAL MANAGEMENT & COMMUNICATIONS GROUP, 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 01/08/20	08 and assigned
Florida document number L08000006757		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
N/A		
The new name must be distinguishable and end with the words "Limi "L.L.C."	ted Liability Company," th	ne designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	N/A	
(Principal office address MUST BE A STREET ADDRESS)		
	<del></del>	
Enter new mailing address, if applicable:	N/A	
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of	fice address on our re	cords, enter the name of the new
registered agent and/or the new registered office address here		
Name of New Registered Agent: N/A		## 1 <del>## 1 ### 1 ### 1 ##</del>
New Registered Office Address:		
	(Enter Fl	lorida street address)
		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree the provisions of all statutes relative to the proper and compaccept the obligations of my position as registered agent as peing filed to merely reflect a change in the registered office company has been notified in writing of this change.	lete performance of my provided for in Chapter	duties, and I am familiar with and 608, F.S. Or, if this document is

(If Changing Registered Agent, Signature of New Registered Agent)