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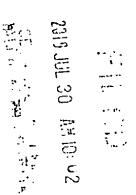
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COVER LETTER

TO:		ration Sect on of Corpo							
SUBJEC	~~~		Management & Communicati	ions Group, LL					
SOBJEC	C1:	Name of Limited Liability Company							
The encl	losed A	rticles of Ar	mendment and fee(s) are subt	nitted for filing.					
Please re	eturn all	correspond	lence concerning this matter t	to the following:					
			Carlyle I. Holder						
				Name of Person		-			
	Correctional Management & Communications Group, LCC DBA CMCG Logistics								
Firm/Company									
	604 N. Highway 27, Suite 1								
			Address						
Minneola, Florida 34715									
			ceo@thecmcg.com	City/State and Zip Code	·				
			E-mail address: (t	o be used for future annual	report notificatio	on)			
For furth	ner infor	mation con	cerning this matter, please ca	.Π:					
Carlyle I	l. Holde	r		352 39 at ()	06-5589				
Name of Person			erson	Area Code	Daytime Tele	phone Number			
Enclosed	l is a ch	eck for the	following amount:						
□ \$25.0	00 Filin	g Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enc		☐ \$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

TO TO

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 January 8, 2008 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 liability company here: N/A The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." N/A Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) N/A Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the registered agent and/or the new registered office address here: N/A Name of New Registered Agent: New Registered Office Address: Enter Florida street address City

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 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 605, 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

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Marlon Phillips	620 Woods Landing Drive Minneola, Floirda 34715	<u></u> ■ Add
			□ Remove
			Change
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			Change

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	July 22, 2019		
Effective date, if other than the d	ate of filing:		(optional)
If an effective date is listed, the date must h Note: If the date inserted in this bloc			
document's effective date on the Dep	artment of State's records.		
he record specifies a delayed ϵ The 90th day after the recor		n effective time, at 12	:01 a.m. on the earlier
The Both day after the recor	u is meu.		
Dated	2019		
Dated		M.	
	600		
Si	gnature of a member or authorize	d representative of a member	
Carlyle I. Holder			
	Typed or printed na	ime of signee	

D. It amending any other information, enter change(s) here. (Annea diamona sheets, if necessary,)

Page 3 of 3

Filing Fee: \$25.00