

L08 0000006757

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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☐

MAIL

(Business Entity Name)

(Document Number)

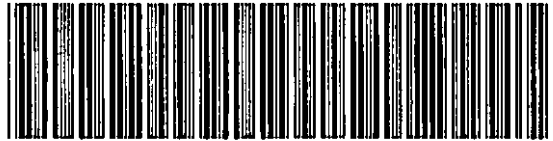
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FILED

MAY 16 PM 12:10

SECRETARY OF STATE  
TALLAHASSEE, FL

## COVER LETTER

**TO:** 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 I. Holder

Name of Person

Correctional Management & Communications Group, LLC

Firm/Company

604 N. Highway 27

Address

Minneola, Florida 34715

City/State and Zip Code

ceo@thecmcg.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Carlyle I. Holder

352

396-5589

Name of Person

at ( )

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 Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

FILED

12 MAY 16 PM 12:10

SECRETARY OF STATE  
TALLAHASSEE, FL

This amendment is submitted to amend the following:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**(Principal office address MUST BE A STREET ADDRESS)**

(Mailing address MAY BE A POST OFFICE BOX)

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

## Florida

 $Ci\Omega'$ 

Zip Code

**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 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**

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member


<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Josephine Holder	322 Heather Hills Drive	<input type="checkbox"/> Add
		Clermont, Florida 34711	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Carlyle i. Holder, Jr.	604 N. Highway 27	<input type="checkbox"/> Add
		Minneola, Florida 34715	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Bruce A. Pearson	122 Whisper Lake Boulevard	<input checked="" type="checkbox"/> Add
		Madison, Mississippi 39110	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Richard D. Martin	426 Flyrod Circle	<input checked="" type="checkbox"/> Add
		Orlando, Florida 32825	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Martin Harry Harm	604 N. Highway 27	<input checked="" type="checkbox"/> Add
		Minneola, Florida 34715	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are approximately 20 lines visible. The paper appears to be a standard notebook page or a sheet of stationery. There is no handwriting or other markings on the page.

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)  
**Note:** If the date inserted in this block does not meet the requirements of 605.0207 (3)(b), the filing will be deemed to be filed on the date of filing.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

May 11, 2022



Signature of a member or authorized representative of a member

Carlyle I. Holder

**Filing Fee: \$25.00**