L08000018513

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O9 JUN 15 PH 3: 2
SECRETARY OF STATE

J. BRYAN
JUN 1 6 2009
EXAMINER

'COVER LETTER

	tration Section on of Corporations		
SUBJECT:	MUNDONLIN	E PROMOTIONS, LLC	
SCINICI		mited Liability Company	
The enclosed A	articles of Amendment and fee(s) are s	ubmitted for filing.	
Please return al	I correspondence concerning this matt	er to the following:	
		Diana Franco	
		Name of Person	12 SI 08
	MUND	ONLINE PROMOTIONS, LLC	CR.
		Firm/Company	
		20 Island Ave. Suite: 315	09 JUN 15 PH 3: 21 SECRETARY OF STATE TALLAHASSEE. FLORIE
	· · ·	Address	77 5
	I	Miami Beach, FL 33139	
		City/State and Zip Code	
		diana.franco@mac.com	
		: (to be used for future annual report notification	en)
For further info	ormation concerning this matter, please	e call:	
	Diana Franco	at (786) 547	7 0049
	Name of Person	Area Code & Daytime Tel	ephone Number
Enclosed is a c	heck for the following amount:		
\$25.00 Filir	ng 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	STREET/COURIER Registration Section	
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Division of Corporation Clifton Building 2661 Executive Center	

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED PH 3: 21
09 JUN 15 PH 3: 21
SECRETARY OF STATE
FALL HASSEE, FLORIDS

MUNDONLINE PROMOTIONS, 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	02/21/2008	and assigned
Florida document number L080000)18513		
•			
This amendment is submitted to amend the f	following:		
A. If amending name, enter the new name	e of the limited liability company he	<u>re</u> :	
	CDS CONNECTION, LLC		
The new name must be distinguishable and end "L.L.C."	with the words "Limited Liability Comp	any," the designation "L	LC" or the abbreviation
Enter new principal offices address, if app	olicable:		
(Principal office address MUST BE A STR	EET ADDRESS)		
P. A			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)			
Druning duaress MAT BE A POST OF PR			

B. If amending the registered agent ar registered agent and/or the new registered		our records, <u>enter t</u>	he name of the new
registered agent and/or the new registered	tornee address here:		·
Name of New Registered Agent:			
New Registered Office Address:			
New Registered Office Address.	Enter Florida 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 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 = Mar MGRM = M	nager anaging Member		
<u>Title</u>	Name	Address	Type of Action
***************************************			Add
			Add
			Remove
			Add Remove
D. If amend	ling any other information, enter ch	nange(s) here: (Attach additional sheets, if necessa	ry.)
			O9 JUN 15 PE SECRETARY OF NALLAHASSEE
Dated	one/11 2	2009:	PH 3: 21 OF STATE FLORIDA
~	Itile	mber or authorized representative of a member	····
	Diano	Tranco	

Page 2 of 2

Filing Fee: \$25.00