

L08000035801

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(City/State/Zip/Phone #)

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FILED
2015 JUN 30 AM 10:45
SECRETARY OF STATE
TALLAHASSEE, FL 32301

K. SALY
EXAMINER
JUL -2 2015

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: C.P.R. ON THE GO, 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:

DEYMAN MANGANELLY

Name of Person

C.P.R. ON THE GO, LLC

Firm/Company

9464 CARIBBEAN BOULEVARD

Address

MIAMI, FLORIDA 33189

City/State and Zip Code

CPRONTHEGO@ATT.NET

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

For further information concerning this matter, please call:

DEYMAN MANGANELLY

786 663-3074
at (_____) _____
Area Code Daytime Telephone Number

Name of Person

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

C.P.R. ON THE GO, LLC

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

FILED
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TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on APRIL 8, 2008 and assigned
Florida document number L08000035801.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

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

Enter new principal offices address, if applicable: _____

(Principal office address MUST BE A STREET ADDRESS) _____

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 new registered agent and/or the new registered office address here:

Name of New Registered Agent:

DEYMAN MANGANELLY

New Registered Office Address:

9464 CARIBBEAN BLVD.

Enter Florida street address

MIAMI

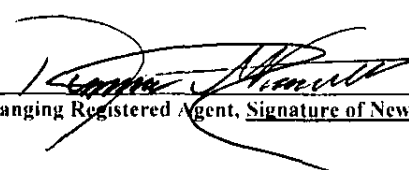
City

Florida 33189

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>
MGRM	MARTHA A. MANGANELLY	9464 CARIBBEAN BLVD.	<input type="checkbox"/> Add
		CUTLER BAY, FL 33189	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	RODNEY MARTINEZ	12251 SW 81st TERRACE	<input checked="" type="checkbox"/> Add
		MIAMI, FL 33183	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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TALLAHASSEE, FL 32310

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(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)

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.

Dated JUNE 23 2015

Signature of a member or authorized representative

Signature of a member or authorized representative of a member

DEYMAN MANGANELLY

Typed or printed name of signee