L080000 56276

•		
(R	lequestor's Name)	
(Ā	ddress)	
(A	ddress)	
); (o) 1 (7; (b)	
(C	city/State/Zip/Phon	e#)
PICK-UP	☐ WAIT	MAIL.
(E	Business Entity Na	me)
(C	ocument Number) .
Certified Copies	Certificate	s of Status
Special Instructions to	o Filing Officer:	
· · · · · · · · · · · · · · · · · · ·		





700136115077

09/19/08--01012--009 **25.00

2000 SEP 19 PHI2: 58
SECRETARY OF STATE

(b). 9-22

LAW OFFICES BLOOMGARDEN GOUDREAU & ROSEN, P.A.

SUITE 208

8551 WEST SUNRISE BOULEVARD FORT LAUDERDALE, FLORIDA 33322

Paul M. Bloomgarden* pmbloomgarden@lawbgr.com

Telephone (954) 370-2222 Fax (954) 370-2211

Cherrie F. Goudreau cgoudreau@lawbgr.com

Philip C. Rosen* pcrosen@lawbgr.com

*Also Member New York Bar

September 16, 2008

VIA U.S. MAIL

Department of State Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

RE: CORNERSTONE FRANCHISING GROUP, LLC

DOCUMENT NUMBER: L08000056276

DATE FILED: JUNE 6, 2008

Gentlemen:

Enclosed please find our check #3532 in the amount of \$25.00 to cover the cost of filing the Articles of Amendment attached with the Secretary of State for the above-referenced Florida limited liability company.

Should you have any questions, please feel free to contact me.

Thank you for your immediate attention to this matter.

Very truly yours,

Marjorie A. Franco, CLA Certified Legal Assistant

maf. cc: client

COVER LETTER

Division of Corporations					
SUBJECT: CORNE	RSTONE FRANCHISING (GROUP, LLC			
SOBSECT.		ited Liability Company)			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ndence concerning this matter	to the following:			
	•	-			
	PHILIP C. ROSEN				
		(Name of Person)	To Table 1978		
	RI.OOMGARDEN COU	DREAU & ROSEN, P.A.			
	BEOOMGAIDEN, COOL	(Firm/Company)			
	8551 WEST SUNRIS	E BOULEVARD SUITE 208			
(Address)					
FORT LAUDERDALE, FLORIDA 33322					
		(City/State and Zip Code)			
For further information concerning this matter, please call:					
Philip C. Rose	en	at (954) 370-2222			
(Name o	(Name of Person) (Area Code & Daytime Telephone Number)		elephone Number)		
Enclosed is a check for th	ne following amount:				
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	□\$60.00 Filing Fee, Certificate of Status &		
		(additional copy is enclosed)	Certified Copy (additional copy is enclosed)		

MAILING ADDRESS:

Registration Section

TO:

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

FILED

2000 SEP 19 PM 12: 58

SECRETARY OF STATE TALLAHASSEE, FLORIDA

CORNERSTONE FRANCHISING GROUP, LLC

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

(A Florida Limited Liability Company)

(Ar	ionda Liinteu L	naomity Company)		
The Articles of Organization for this Limited Liab Florida document numberL08000056276		were filed on Ju	ne 6, 2008	and assigned
This amendment is submitted to amend the follow	ring:			
A. If amending name, enter the new name of the	he limited liab	ility company he	e <u>re</u> :	
N/A				
The new name must be distinguishable and end with "L.L.C."	the words "Limi	ted Liability Comp	eany," the designation	on "LLC" or the abbreviation
Enter new principal offices address, if applicab	ıle:	_N/A		
(Principal office address MUST BE A STREET	ADDRESS)			
Enter new mailing address, if applicable:			N-	
(Mailing address MAY BE A POST OFFICE BO	<u>OX)</u>			
B. If amending the registered agent and/or registered agent and/or the new registered office			our records, ent	er the name of the new
Name of New Registered Agent:	N/A			
New Registered Office Address:			Enter Florida stree	(address)
	•	·		,
		(City)	, Florida	(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 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 = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGRM	RODRIGUEZ, AUGUSTO	834 NW 131 Ave	
		PEMBROKE PINES, FL 33028	Remove
MGRM	ATHIAS, JANICE	834 NW 131 Ave PEMBROKE PINES, FL 33028	Add Remove
			Add Remove
MGR	RODRIGUEZ, AUGUSTO	834 NW 131 Ave	
		PEMBROKE PINES, FL 33028	Remove
MGR	ATHIAS, JANICE	834 NW 131 Ave	 \times Add
		PEMBROKE PINES, FL 33028	Remove
			Add
			Remove
D. If amo	ending any other information, enter ch	nange(s) here: (Attach additional sheets, if necesso	ary.)
-			<u>-</u>
-			
_			ť
-			7 2
Dated	September 11, 2	008	ZOOO SEP
	. PHILIP	mber or authorized representative of a member C. ROSEN	19 PHIE:
	T	yped or printed name of signee Page 2 of 2	2: 58 PATE ORIDA
		I GEV A VI A	75 2

Filing Fee: \$25.00