108000058124

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(Cit	y/State/Zip/Phone	: #)			
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COVER LETTER

TO: Registration Section. Division Corporations
SUBJECT: Priderock CM ACQUISITIONS, 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:
Sharon Beiner (Name of Person)
Priderock Capital Partners (Firm/Company)
625 N. Flagler De Ste 675
West Palm Beach, FL 3340) (City/State and Zip Code)
For further information concerning this matter, please call:
Shown beiner at (561, 653-9332 X22) (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \text{Certificate of Status}\$\$ \$\ \text{Certified Copy} \text{Certified Copy} \text{Certified Copy} \text{Certified Copy} \text{(additional copy is enclosed)}\$\$ \$\ \text{Certified Copy} \text{(additional copy is enclosed)}\$\$ \$\ \text{Certified Copy} \text{(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



October 7, 2008

SHARON BEINER PRIDEROCK CAPITAL PARTNERS 625 N FLAGLER DR STE 675 WEST PALM BEACH, FL 33401

SUBJECT: PRIDEROCK CM ACQUISITIONS, LLC

Ref. Number: L08000058124

We have received your document for PRIDEROCK CM ACQUISITIONS, LLC and your check(s) totaling \$50.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6047.

Carolyn Lewis Regulatory Specialist II

Letter Number: 508A00052962

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED
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Priderock CN (Name of the Limited)	1 A CAUI Liability Company Florida Limited Lia	SITIONS, LLO as it now appears on our bility Company)	TALLAHA records.)	SSEE. FLORIUM
The Articles of Organization for this Limited Li Florida document number	ability Company w	vere filed on 6/12	2008	and assigned
This amendment is submitted to amend the following	_			
A. If amending name, enter the new name of	the limited liabili	ty company here:		
The new name must be distinguishable and end wit "L.L.C."	h the words "Limite	d Liability Company," the	designation "l	LLC" or the abbreviation
Enter new principal offices address, if applic	able:	625 N.	Flagle	r Drive
(Principal office address MUST BE A STREE	T ADDRESS)	Soute 6	<u> کلی 75</u>	r Drive Deach, FL 3340)
		West PA	TLM B	rach, FL 3340)
Enter new mailing address, if applicable:		SAME	ASA	BONE
(Mailing address MAY BE A POST OFFICE	BOX)			7.4.
B. If amending the registered agent and/or the new registered of			ords, <u>enter</u>	the name of the new
Name of New Registered Agent:				
New Registered Office Address:	625 N.	Ftagler De (Enter Floor Beach	ida street ad	3+e:6,75 1dress)
	WestRM	Beach	, Florida	3340)
		(Citv)		(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>Address</u> **Type of Action Name** Priderack Capital Managementic □ Remove Remove _ Add Remove ☐ Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated Signature of a member or authorized representative of a member Sharon Beine Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00