108000089658

1

• (Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



800136914588

10/20/08--01028--006 **25.00

OR OCT 20 PK 12: 3
SECRETARY OF STATE
TALLAHASSEF: FI ORID.

D. BRUCE

OCT 2 1 2008

EXAMINER

COVER LETTER

<u> </u>
_
ed)

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

CFO Solutions, LLC		
(Name of the Limited Liability (A Florida I	Company as it now appears on Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liability C	Company were filed on <u>Sep</u>	tenuber 22,200 and assigned
Florida document number L 08 000 69 659	1	,
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
C-Level Consultants, LLC		
The new name must be distinguishable and end with the wor "L.L.C."	rds "Limited Liability Company,"	the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		1,0
(Principal office address MUST BE A STREET ADDR	RESS)	08 SEC
Enter new mailing address, if applicable:	<u> </u>	m <u>em</u>
(Mailing address MAY BE A POST OFFICE BOX)		FE 31
		PRID TO 3
	 	A 7
B. If amending the registered agent and/or regist registered agent and/or the new registered office add		records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
Trem Registered Office Address.	(Enter 1	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 = Manager

<u>Title</u>	<u>Name</u>	Address	Type of Action
•			Add
			Remove
	•	<u>· · · · · · · · · · · · · · · · · · · </u>	
			Remove
			== _
			= -
			Add Remove
			- Damassa
D. If amen	ding any other information, en	iter change(s) here: (Attach additional sheet	s. if necessary.)
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	

	· · · · · · · · · · · · · · · · · · ·		SEC SEC
_			P OCT SECRETA ALLAHAS
			FILE OCT 20 CRETARY D LAHASSEE
			FILE OCT 20 CRETARY D LAHASSEE
	10/17	<u>, Joos</u>	FILE OCT 20 CRETARY D LAHASSEE
	10/17 Bobil A	-, <u>2008</u> . Xandoo	FIL OCT 20 CRETARY LAHASSEI

Page 2 of 2

Filing Fee: \$25.00