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(Re	equestor's Name)	
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09 APR -3 PH 1:58
SECRETARY OF STATE
SECRETARY OF STATE

COVER LETTER

TO:

то:	Registration Sec Division of Corp			
SUBJI	ECT: C&SH	oldings Group, LLC		
	_	(Name of Limit	ted Liability Company)	
The en	sclosed Articles of	Amendment and fee(s) are subr	nitted for filing	
		•		
riease	return an correspon	ndence concerning this matter t	to the following.	
		Mr. Clifford Shannon		
			(Name of Person)	
		C & S Holdings G	roup, LLC	
			(Firm/Company)	
		517 NE 11 Ave		
			(Address)	
		Pompano Beach, FL 330		
			(City/State and Zip Code)	
For fu	rther information co	oncerning this matter, please ca	all:	
Cliffo	rd Shannon		at (954) 778-1529	<u></u>
	(Name o	of Person)	(Area Code & Daytime Te	elephone Number)
Enclo	sed is a check for th	ne following amount:		/
□ \$2	5.00 Filing Fee	□\$30.00 Filing Fee & Certificate of Status	□\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)
	Registr Divisio P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 assee, FL 32314	STREET/COURIER Registration Section Division of Corporatio Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

09 APR -3 PH 1:58
SECRETARY OF STATE
ALLAHASSEE FLORIDA

C & S Holdings Group, 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 12/15/08	and assigned
Florida document number L08000113877		
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the lir</u>	nited liability company here:	
The new name must be distinguishable and end with the w "L.L.C."	ords "Limited Liability Company," the design	nation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADL	DRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad		enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	(Enter Florida s	street address)
	, Flo	orida
	(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 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> </u>	Name	Address	Type of Action
sec/Memb	Dina Chavez	1143 NW 15th St Ft. Lauderdale, FL 33311	Add Remove
sec/man/	Yesenia Velez-Alicea	5661 NE 18th Ave Apt 217 Fort Lauderdale, FL 33334	Add Remove
			Add Remove
Cliffo	rd Shannon is the Manager, please	ange(s) here: (Attach additional sheets, if necess add Dina Chavez, and Yesenia Velez-Alicea as	
<u>secre</u>	taries for the business.		SE SE
			APR-3 CRETARY AHASSE
Dated April 02	CABL	Mann	PH 1:58 OF STATE FLORIDA
-	Clifton Sha	mber or authorized representative of a member	

Page 2 of 2

Filing Fee: \$25.00