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APR 2 1 2011

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Cash Sales LL (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:
Suhil Fraac Name of Person
Cow tal Ad Soles LLC Firm/Company
4301 32ml S) ~ C-7
Braclas Jon FL 34205 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:
Flias Jsact Name of Person at (941) 799-1144 Area Code & Daytime Telephone Number
RIDA PATE
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \text{Certificate of Status}\$\$\ \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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Courdal Asta Sa	les UC	
(Name of the Limited Liability Com (A Florida Limited	pany as it now appears on our record Liability Company)	<u>ras.</u>)
The Articles of Organization for this Limited Liability Compa	ny were filed on 2509	and assigned
Florida document number 10900012144.	• •	
This amendment is submitted to amend the following:		2011 AP SECRE
A. If amending name, enter the new name of the limited li	ability company here:	R 20 TARY (
The new name must be distinguishable and end with the words "Li "L.L.C."	mited Liability Company," the design	LOR AND LOR
Enter new principal offices address, if applicable:	5620 14th St	<u> </u>
(Principal office address MUST BE A STREET ADDRESS)	Brodonton FL	34707
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	5620 14th Stu Bracken ton FL	<u> 74707</u>
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h		enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida str	eet address
<u></u>	, Flor	
	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

MGRM = Managing Member

<u>Title</u>	Name	Address	Type of Action
Milm	Elico Isace	Draden for St. 41209	Z Add □ Remove
			Add Remove
			Add Remove
			201 Japove 201 Japove SECRETAL AHAS
			SEE HOA
			Add Remove
D. If amendi ——	ng any other information, enter change	e(s) here: (Attach additional sheets, if necessary.)	
			
			
DatedA	50 LI 20		
_		or authorized representative of a member or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00