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M. THOMAS

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EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Cloud Connex, 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:

Ruth K. McDonald
Name of Person

Ruth K. McDonald, P.A.
Firm/Company

4348 Southpoint Blvd., Ste 330
Address

Jacksonville, FL 32216
City/State and Zip Code

ruth @ ruthmcdonaldlaw.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ruth McDonald at (904) 224-8035
Name of Person Area Code & Daytime Telephone Number

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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 (additional copy is enclosed)
☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (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

Cloud Connex, LLC

Page 1 of 2

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>	<u>Type of Action</u>
MGRM	Elizabeth N. Pierce	14741 Marsh View Dr. Jacksonville FL 32250	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Brian L. Ellison	1672 Majestic View Ln. Orange Park FL 32003	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Elizabeth N. Pierce	14741 Marsh View Dr Jacksonville FL 32250	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	Brian L. Ellison	1672 Majestic View Ln. Orange Park FL 32003	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated November 30, 2009.

Ruth McDonald, authorized representative
 Signature of a member or authorized representative of a member

Ruth K. McDonald
 Typed or printed name of signee