109000023605

(Req	uestor's Name)	
(Address)		
(Address)		
(City/	State/Zip/Phone	#)
PICK-UP	WAIT	MAIL
(Busi	ness Entity Nam	ne)
(Document Number)		
Certified Copies	Certificates	of Status
Special Instructions to Filing Officer:		

Office Use Only



300163122893

12/03/09--01006--007 **25.00

SECRETARY OF STATE ALLAHASSEE, FLORID,

1999 DEC -3 AM IO: 1

M. THOMAS

DEC - 4 2009

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 Public V McDonald D A				
Firm/Company				
4348 Southpoint Blvd., Ste 330				
Jacksonville, FL 32216 City/State and Zip Code				
City/State and Zip Code YUH BY WHYM (donald law Low E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:				
For further information concerning this matter, please call:				
Ruth McDonard at (904) 224-8035 Name of Person Area Code & Daytime Telephone Number				
Name of Person Area Code & Daytime Telephone Number				
Enclosed is a check for the following amount:				
\$25.00 Filing Fee Certificate of Status \$55.00 Filing Fee & Certificate of Status \$60.00 Filing Fee, Certificate of Status & 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Cloud Connex L	LU lity Company as it now appears on	our records
(A Florid	lity Company as it now appears on da Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liability	y Company were filed on 3 10	and assigned
Florida document number L09 0000 236	1	•
This amendment is submitted to amend the following:	:	
A. If amending name, enter the new name of the li	imited liability company here:	
The new name must be distinguishable and end with the v "L.L.C."	words "Limited Liability Company," 1	he designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		1 78
(Principal office address MUST BE A STREET AD)	DRESS)	T T
		SSER P
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	•	
		<u>or</u>
B. If amending the registered agent and/or reg registered agent and/or the new registered office ac		ecords, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter 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

MGRM = Managing Member **Title** <u>Name</u> **Address** Type of Action Elizabeth N. Pierce MGRM 14741 Marsh View Dr. Jacksonville FL 32250 ☐ Add Remove Brian L. Ellison MORM □ Add Remove Elizabeth N. Pierce MGR 14741 March View Dr Jacksonville FL 32250 Add 🔁 Remove Brian L. Ellison MGR Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) November 30 . _ Dated ____ Signature of a member or authorized representative of a member Ruth K. McDonald Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00