

209000075507

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CARD MANAGEMENT SERVICES, LLC

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S. HAWKES

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EXAMINER

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**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: CARD MANAGEMENT SERVICES, 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:

Cynthia Carlson

Name of Person

Cox & Nici

Firm/Company

1185 Immokalee Rd.

Address

Naples, FL 34110

City/State and Zip Code

ccarlson@coxnici.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Cynthia Carlson

Name of Person

at ( 239 )

254-0706

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

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**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**

**CARD MANAGEMENT SERVICES, 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 August 5, 2009

Florida document number L09000075507

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent: Cynthia Carlson

New Registered Office Address: c/o Cox & Nici, 1185 Immokalee Rd.

*Enter Florida street address*

Naples

, Florida

34110

*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.*

Cynthia Carlson  
If Changing Registered Agent, Signature of New Registered Agent

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TALLAHASSEE, FLORIDA

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>
MGR	Ken Courts	5475 Golden Gate Pkwy Ste 3 Naples, FL 34116-7529	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Ken Courts	5278 Golden Gate Pkwy Ste 1 Naples, FL 34116	<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
			<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

11/6/09

*Cynthia Carlson*

Signature of a member or authorized representative of a member

Cynthia Carlson, authorized representative

Typed or printed name of signer