

L09000089409

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : CSH SERVICES, LLC
Account Number : I20070000160
Phone : (800) 494-3124
Fax Number : (561) 455-9685

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
CTI CONSULTING LLC

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TALLAHASSEE, FLORIDA

10 APR 21 AM 9:58

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

T. HAMPTON

APR 22 2010

EXAMINER

H100000919833

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

CTI CONSULTING 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 09/16/2009 and assigned
Florida document number L09C00089409

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 "LLC."

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)

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10 APR 21 AM 9:07

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: ZAMBIA PICHARDO

New Registered Office Address: 3508 NW 114TH AVE STE BM-8696

(Enter Florida street address)

DORAL, Florida 33178

(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.

Zambia Pichardo
(If Changing Registered Agent, Signature of New Registered Agent)

MGR = Manager
MGRM = Managing Member

H100000919833

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	AARON MAJOR	3508 NW 114TH AVE STE BM-8695 DORAL FL 33178	<input checked="" type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	ZAMBIA PICHARDO	3508 NW 114TH AVE STE BM-8695 DORAL FL 33178	<input checked="" type="checkbox"/> Add <input checked="" 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

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

Dated April 16th, 2010

Zambia Pichardo
Signature of a member or authorized representative of a member

ZAMBIA PICHARDO
Typed or printed name of signee

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