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S. HAWKES

SEP 0 2 2010

EXAMINER

CMA ADVISORY GROUP, LLC

Domestic & International Investment Strategies

August 27, 2010

Florida Department of State Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

To Whom It May Concern:

Enclosed you will find an amendment to the Articles of Organization for CMA Advisory Group, LLC. Please process this filing at your earliest convenience.

If you should have any questions, or require any additional information, please feel free to contact our office at 1-800-980-8949.

N4UM

Chief Executive Officer

COVER LETTER

Division of Co	rporations				
SUBJECT:	CMA Advi	sory Group, LLC			
		ted Liability Company			
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.			
Please return all corresp	ondence concerning this matter	to the following:			
		Randy D. Russo			
		Name of Person			
	CMA Advisory Group, LLC				
	Firm/Company				
	6220 South	Orange Blossom Trail, Sui	te 143		
		Address			
	Orlando, FL 32809				
		City/State and Zip Code			
	jbened E-mail address: (1	etti@cmacorporation.com to be used for future annual report noti	fication)		
For further information	concerning this matter, please o	all:			
Da	avid A. Russo	at (_407_)	854-0040		
Name	of Person	Area Code & Daytin	ne Telephone Number		
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 enclose	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
	·				

MAILING ADDRESS:

TO:

, Registration Section

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

	CMA Adviso	ory Group, LLC		
(<u>N</u> 8	me of the Limited Liability Com (A Florida Limite	pany as it now appear d Liability Company)	s on our records.)	
The Articles of Organization	for this Limited Liability Compa	any were filed on	9/18/2009	and assigned
Florida document number	L09000090882			9
This amendment is submitted	_	1-1-U/4		P I I
A. II amending name, <u>ente</u>	the new name of the limited l		_	o.
	Capital Managemen	t Advisory Group,	LLC	07 5
The new name must be distingu "L.L.C."	aishable and end with the words "L	imited Liability Compa	ny," the designation "	LLC" or the abbreviation
Enter new principal offices	address, if applicable:			
(Principal office address MU	<u>IST BE A STREET ADDRESS</u>	<u></u>		
				
Enter new mailing address,	if applicable:			
(Mailing address MAY BE A	POST OFFICE BOX)			
				·
	tered agent and/or registered new_registered office address		our records, <u>enter</u>	the name of the nev
				
Name of New Regis	stered Agent:			
New Registered Of	fice Address:			
		En	ter Florida street add	dress
			, Florida	
		City		Zip Code
NT TO 1 4 T 4 44 77		4		

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 = Ma MGRM = N	nager Ianaging Member		
<u>Title</u>	Name	Address	Type of Action
			Add Remove
	· ·		Add Remove
			Remove I
			Ados Dirembye
			AddRemove
			Add Remove
D. If amen	ding any other information, enter chang	ge(s) here: (Attach additional sheets, if necessa	ry.)
<u>. </u>			···
Dated	Dulo L		
		r or authorized representative of a member David A. Russo	
	Type	or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00