L09000103605

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DEPARTIEST OF STATE DIVISION OF CORPURATIONS TALL AHASSER, FLORIDA

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B. KOHR
NOV 1 2 2009

EXAMINER

DIVISION OF CORPORATIONS

COVER LETTER

Division of Co		·			
SUBJECT:	Carman Fir	nancial Group, LLC			
	Name of Lim	ited Liability Company	0 4 0 k		
			19 % Sign		
The enclosed Articles of	of Amendment and fee(s) are su	bmitted for filing.	09 NON 12 PM 3: 3		
Please return all corresp	condence concerning this matte	to the following:	3		
		Miko Colodny	<i>ڊب</i> پ		
		Mike Colodny Name of Person			
		Name of Felson			
	Colodny, Fass	, Talenfeld, Karlinsky & Abat	te, P.A.		
		Firm/Company			
	100 \$	100 SE 3rd Avenue, 23rd Floor			
1		Address	•		
	Ft	Lauderdale, FL 33394			
•		City/State and Zip Code	······		
•	esr	now@carmangroup.net			
	E-mail address: (to be used for future annual report notific	cation)		
For further information	concerning this matter, please	call:			
	Pat McNab	at (954)	192-4010		
Name	of Person	Area Code & Daytime	Telephone Number		
Enclosed is a check for	the following amount:				
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
MATI	INC ADDRECS.	CTREET/COURTE	ND ADDRESS.		

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**

0.

Carr (Name of the Limited (A	nan Financi Liability Compa	ial Group, LLC	n our records.)	- ON SORE
The Articles of Organization for this Limited Li Florida document number L09000103	ability Company			and assigned
This amendment is submitted to amend the follo	wing:			3
A. If amending name, enter the new name of	the limited liab	ility company here:		
The new name must be distinguishable and end wit "L.L.C."	n the words "Limi	ted Liability Company,	" the designation "L	LC" or the abbreviation
Enter new principal offices address, if applicable:		900 W. Sproul F	Road	•
(Principal office address MUST BE A STREE	<u> (ADDRESS)</u>	Suite 302		
,		Springfield, PA 19064		
Takan manung Minung Jahan Pengulian Li		000 W Saroud E	lood	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		900 W. Sproul F Suite 302	koau	
		Springfield, PA 19064		
B. If amending the registered agent and/or the new registered of			records, enter t	he name of the new
Name of New Registered Agent:	Edward Snow			,
New Registered Office Address:	362 Poinciana Drive			
	Enter Florida street address			
•	Ft.	Lauderdale	, Florida	33301
	•	City		Zip Code
New Registered Agent's Signature, if changing F	egistered 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
MGR	Ed Snow	401 E. Las Olas Boulevard Suite 1450 Ft. Lauderdale, FL 33301	□ Add ☑ Remove
MGRM_	Edward Snow	900: W. Sproul Road Suite 302 Springfield, PA 19064	Add Remove
,			Add Remove
			Add Remove
			Add Remove
•			Add Remove
D. If amen	ding any other information, enter o	change(s) here: (Attach additional sheets, if necessary.)	
. -		•	- -
— Dated			
Dated	Signature of a m	Cecus demonstrative of a member	<u></u>
		Edward Snow Typed or printed name of signee	
		-1 L L. mille statiste av RIDITA	

Page 2 of 2

Filing Fee: \$25.00