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EXAMINER

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SECRETARY OF STAIL

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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: CPN Holdings 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:		
Peter Nguyen Name of Person		
Firm/Company 7255 30 th Avenue N Address		
St. Petersburg, FL 37/0 Otty/State and Zip Code Thien R- Mali, com E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
Peter Ngylen at (727-492-8716 Name of Person Area Code & Daytime Telephone Number		
Enclosed is a check for the following amount: \$25.00 Filing Fee \$\times \$30.00 Filing Fee & \$\times \$55.00 Filing Fee & \$\times \$60.00 Filing Fee, \$\times \$\		
MAILING ADDRESS: STREET/COURIER ADDRESS:		

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

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CPN Holdin	nas LLC
(Name of the Limited Liability Compan (A Florida Limited Li	was it now appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company v Florida document number <u>L 09000//878</u> /	were filed on <u>December 15, 20 and assigned</u>
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	lity company here:
The new name must be distinguishable and end with the words "Limite" L.L.C."	ed Liability Company," the designation "LLC" or the abbreviation
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 offi registered agent and/or the new registered office address here	ice address on our records, enter the name of the new
Name of New Registered Agent:	<u> </u>
New Registered Office Address:	Enter Florida street address -
	City Florida Tight Till Till Till Till Till Till Till Til
New Registered Agent's Signature, if changing Registered Agent:	ORID

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 Type of Action **Title** Address **Name** ∏Add Remove Add Add Remove Add Remove Remove \square Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated Signature of a member or authorized representative of a member Teter Naylen
Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00