<u>L1000011751</u>

(Requestor's Name)				
(Address)				
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PICK-UP WAIT MAIL				
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MAR 22 2010

EXAMINER



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SECRETARY OF STATE
DIVISION OF CORFORATION

COVER LETTER

Division of Co	orporations				
SUBJECT:	Cynan	ett Global LLC			
		ited Liability Company			
The enclosed Articles o	f Amendment and fee(s) are su	bmitted for filing.			
Please return all corresp	ondence concerning this matte	r to the following:			
		Everett C Givens Jr			
		Name of Person			
		Cynanett Global LLC			
	Firm/Company				
		4000 11			
		4330 Hargrave St.			
		Address			
		Orlando, FL 32803			
	•••	City/State and Zip Code			
	, cvna	nett@cynanettglobal.com	•		
	E-mail address: (to be used for future annual report notificat	on)		
For further information	concerning this matter, please	call:			
Eve	rett C Givens Jr	at (407) 21	8-0023		
Name of Person Area Code & Daytime Telephone Number			elephone 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 enclosed)	\$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

	Cynanett Global LLC				
(Name of the Limite	d Liability Company as it now appea A Florida Limited Liability Company)	irs on our records.)			
The Articles of Organization for this Limited I	02/01/2010	and assigned			
Florida document numberL1000001	1751				
This amendment is submitted to amend the fol	lowing:				
A. If amending name, enter the new name	of the limited liability company he	<u>re</u> :			
The new name must be distinguishable and end w "L.L.C."	ith the words "Limited Liability Comp	eany," the designation "L	LC" or the abbreviatio		
Enter new principal offices address, if appli					
(Principal office address MUST BE A STRE	ET ADDRESS)	· · · · · · · · · · · · · · · · · · ·	10 PE		
	-		SECRE SION		
			- ₽\$_		
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE BOX)					
			9 ¥		
T		•	5		
B. If amending the registered agent and registered agent and/or the new registered of		our records, <u>enter t</u>	he name of the nev		
Name of New Registered Agent:	Everett C Givens Jr				
New Registered Office Address:	4330 Hargrave St.				
	Er	nter Florida street addi	ress		
	` Orlando	, Florida	32803		
	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.

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

<u>Title</u>	Name	Address	Type of Action
MGR	Cynthia D Givens	4330 Hargrave St. Orlando, FL 32803	Add Remove
MGR_	Everett C Givens Jr	4330 Hargrave St. Orlando, FL 32803	Add ✓ Remove
			Add Remove
	46-14-14-14-14-14-14-14-14-14-14-14-14-14-		Add Remove
<i>.</i>			Add Remove
			Add Remove
D. If amen	ding any other information, enter cha	ange(s) here: (Attach additional sheets, if necessary.)	
			
_	2/12/05/0		_ _
Dated	Signature of a men	ther or authorized representative of a member	
	Signature of a filer	Cynthia D Givens	
	$Ty_{]}$	ped or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00