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SECRETARY OF STATE

T. HAMPTON

SEP 1 7 2010

EXAMINER

COVER LETTER

Division of Co	rporations		
SUBJECT:	C	MIS, LLC	
		ited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sul	bmitted for filing.	
Please return all corresp	ondence concerning this matter	r to the following:	
	Jeff	rey A. Coleman, MGRM	
		Name of Person	
		CMIS, LLC	
		Firm/Company	
		2840 NE 26th Place	
		Address	
	For	t Lauderdale, FL 33306	
		City/State and Zip Code	
	iaco	oleman66@comcast.net	
	E-mail address: (to be used for future annual report notificat	nion)
For further information	concerning this matter, please of	eall:	
	ey A. Coleman	at (_954)27	70-7291
Name	of Person	Area Code & Daytime T	elephone Number
Enclosed is a check for t	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

10 SEP 16 AMII: 54	SECRETARY OF STATE SOURCE STATE SECRETARY OF STATE
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	CMIS, LLC		# 25 T
(Name of the Limited I	Liability Company as it now appea Florida Limited Liability Company)	rs on our records.)	ST.
(A)	Florida Emilied Elability Company)		5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
The Articles of Organization for this Limited Lia	ability Company were filed on	2/08/10	and assigned
Florida document numberL10000014	176		-
Florida document number			
This amendment is submitted to amend the follow	wing:		
A. If amending name, enter the new name of	the limited liability company her	<u>re</u> :	,
• •			
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Compa	any," the designation "I	.LC" or the abbreviation
Enter new principal offices address, if applica	ble:		
(Principal office address MUST BE A STREET	T ADDRESS)		
	· ·		
	n in a tribute of the state of	er timbre en et ee	alita di managa
Enter new mailing address, if applicable:	•		
(Mailing address MAY BE A POST OFFICE B	BOX)		
			,
B. If amending the registered agent and/o	r registered office address on o	our records, <u>enter t</u>	he name of the nev
registered agent and/or the new registered off	ice address here:		
Name of New Registered Agent:	·····		
New Registered Office Address:			
New Registered Office Address:	En	ter Florida street add	ress
		y*s • . s .	
	City	, Florida	Zin 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>	<u>Name</u>	Address	Type of Action
MGR	Dawn M. Heyde	16 Palm Drive Yankeetown, FL 34498	Add ☐ Remove
			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.)	SECRETARY OF STATE BIVISION OF CORPORATION 10 SEP 16 AH 11:54
 Dated	9/14/10	·	SNOUL
		onber or authorized representative of a member of a member of the color of the colo	ZM_

Page 2 of 2

Filing Fee: \$25.00