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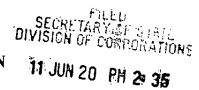
TO: Registration Section Division of Corporations
SUBJECT: Con Semen Cequiation Natural LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
ANDOW Prim AVERA Name of Person
Consumer Acquirtion retworks
701 BRICKEII AVE 1550 Address
MIAMI FT 33131
City/State and Zip Code  Where Ongulation org  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at ( '800 678 6923  Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \text{Certificate of Status} \text{S55.00 Filing Fee & \text{Certified Copy (additional copy is enclosed)}} \\ \text{S60.00 Filing Fee, Certified Copy (additional copy is enclosed)}} \\ \text{Certified Copy (additional copy is enclosed)}} \\ \text{S55.00 Filing Fee, Certified Copy (additional copy is enclosed)}} \\ \text{Certified Copy (additional copy is enclosed)}} \\ \text{S60.00 Filing Fee, Certified Copy (additional copy is enclosed)}} \\ \text{S60.00 Filing Fee, Certified Copy (additional copy is enclosed)}} \\ \text{S60.00 Filing Fee, Certified Copy (additional copy is enclosed)}} \\ \text{S60.00 Filing Fee, Certified Copy (additional copy is enclosed)}} \\ \text{S60.00 Filing Fee, Certified Copy (additional copy is enclosed)} \\ \text{S60.00 Filing Fee, Certified Copy (additional copy is enclosed)} \\ \text{S60.00 Filing Fee, Certified Copy (additional copy is enclosed)} \\ \text{S60.00 Filing Fee, Certified Copy (additional copy is enclosed)} \\ \text{S60.00 Filing Fee, Certified Copy (additional copy is enclosed)} \\ \text{S60.00 Filing Fee, Certified Copy (additional copy is enclosed)} \\ \text{S60.00 Filing Fee, Certified Copy (additional copy is enclosed)} \\ \text{S60.00 Filing Fee, Certified Copy (additional copy is enclosed)} \\ \text{S60.00 Filing Fee, Certified Copy (additional copy is enclosed)} \\ \text{S60.00 Filing Fee, Certified Copy (additional copy is enclosed)} \\ \text{S60.00 Filing Fee, Certified Copy (additional copy is enclosed)} \\ \text{S60.00 Filing Fee, Certified Copy (additional copy is enclosed)} \\ \text{S60.00 Filing Fee, Certified Copy (additional copy is enclosed)} \\ \text{S60.00 Filing Fee, Certified Copy (additional copy is enclosed)} \\ \text{S60.00 Filing Fee, Certified Copy (additional copy is enclosed)} \\ \text{S60.00 Filing Fee, Certified Copy (additional copy is enclosed)} \\ \text{S60.00 Filing Fee, Certified Copy (additional copy is enclosed)} \\ \text{S60.00 Filing Fee, Certified Copy (additional copy is enclosed)} \\ S60.00 Filing

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



CONSUMER A COUISI FION NETWORK LIC (Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited L	liability Company)	<del></del> ,	
The Articles of Organization for this Limited Liability Company	were filed on 3/1	2/10 and assigned	
Florida document number <u>L 100 066 2761 ]</u> .			
This amendment is submitted to amend the following:			
A If amanding name anter the new name of the limited ligh	ility compony horos		
A. If amending name, enter the new name of the limited liab	inty company nere:		
MA			
The new name must be distinguishable and end with the words "Limi" "L.L.C."	ted Liability Company," th	ne designation "LLC" or the abbreviation	
	4.11	1	
Enter new principal offices address, if applicable:	WA	<u> </u>	
(Principal office address MUST BE A STREET ADDRESS)			
	,		
Enter new mailing address, if applicable:	NIA		
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered off		ecords, enter the name of the new	
registered agent and/or the new registered office address here	2:		
	1440		
Name of New Registered Agent:	<u> </u>		
New Registered Office Address:	MA		
Now Registered Office Address.	Enter Florida street address		
	Flavida		
<del></del>	City	, Florida Zip Code	
New Registered Agent's Signature, if changing Registered Agent:			
registered Agent a Signature, it 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> **Address** Type of Action Name Litigation Strategies 701 Bruckell Ave 1550 NI AM E1 33/3/ ANDREW PRIMAVERA 701 BRUCKELL AVE MGR ☐ Add ☐ Add Remove □Add ☐ Remove ∏Add Remove  $\square$ Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member or authorized representative of a member ANDREW PRIMAVERA Typed or printed name of signee

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Filing Fee: \$25.00