L10000035709

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S. HAWKES

APR 1 9 2010

EXAMINER

COVER LETTER

TO:		ition Sec of Corp	tion orations				
SUBJE	ECT:	(CBS Homes Resea	arch & Ma	anufacturing	g, LLC	
2020			Name of Limi				
The en	closed Arti	icles of A	mendment and fee(s) are sul	omitted for fil	ing.		
Please	return all c	correspon	dence concerning this matter	to the follow	ing:		
			JAMES P. ANTONIC Name of Person				
	CBS RESEARCH & MANUFACTURING, LLC				;		
Firm/Cor			ompany				
	15880 SUMMERLIN RD # 300-143						
Address							
	FORT MYERS, FLORIDA 33908						
	City/State and Zip Code						
			E-mail address: (to be used for	CBS-Homes. uture annual report	notification)	
For fur	ther inforn	nation co	ncerning this matter, please of	all:		,	
			es P. Antonic	at (_	941)	870-4	
•		Name of	Person		Area Code & D	aytime Teleph	one Number
Enclos	ed is a che	ck for the	e following amount:			٠	
▽ \$25	5.00 Filing	Fee	\$30.00 Filing Fee & Certificate of Status	Certit	Filing Fee & fied Copy tional copy is enc]\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
-							
		Registra Division P.O. Box	NG ADDRESS: tion Section of Corporations x 6327 see, FL 32314		STREET/CO Registration S Division of C Clifton Buildi 2661 Executiv Tallahassee, I	Section orporations ing ve Center Ci	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CBS HOMES	RESEARCH	& MANUFAC	CTURING, LLC	0
(Name of the Limit	ed Liability Compo (A Florida Limited	any as it now appea Liability Company)	ers on our records.)	TELES AND THE
				E 6 (
The Articles of Organization for this Limited	•	y were filed on	04/01/2010	and assigned
Florida document number L100000	35709			Chick F.
				O.P.
This amendment is submitted to amend the fo	ollowing:			Dr.
A. If amending name, enter the new name	of the limited lia	bility company he	<u>re</u> :	
		NUFACTURIN	•	
The new name must be distinguishable and end "L.L.C."	with the words "Lin	nited Liability Comp	any," the designation "L	LC" or the abbreviation
Enter new principal offices address, if applicable:		N/A		
(Principal office address MUST BE A STR	EET ADDRESS)			
		_·-		
Enter new mailing address, if applicable:		N/A		
		IN/A		
(Mailing address MAY BE A POST OFFIC	<u>E BOX)</u>			
B. If amending the registered agent an	d/or registered o	office address on	our records enter t	he name of the new
registered agent and/or the new registered	office address he	re:	our records, enter t	ie name of the new
Name of New Registered Agent:	N/A			
New Registered Office Address:				
		E	nter Florida street add	ress
		City	, Florida	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 = M	lanaging Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
	N/A		PER T
			Remove
			6 PA
			PH 4: 55
			Add
			Remove
			Add
			Damara
			
			Add Remove
		<u> </u>	Add
D. If amen	ding any other information, enter char	nge(s) here: (Attach additional sheets, if necessary).)
<u>N</u>	<u>/A</u>		
			
			 .
Dated	APRIL 9	2010 .	
	V Datini		
	Signature of a merk	per or authorized representative of a member	
		AMES P. ANTONIC	

Page 2 of 2

Filing Fee: \$25.00