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COVER LETTER

TO:

Registration Section '

Division of Corporations						
SUBJECT:	CIN-	APPS, LLC				
Name of Limited Liability Company						
,						
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.				
Please return all corresp	ondence concerning this matter	to the following:				
		Thomas L. Driscoll				
		Name of Person				
	Firm/Company					
	2002 Third Street, #114					
	Address					
	Saı	San Francisco, CA 94107				
		City/State and Zip Code				
	E-mail address: (tdriscoll@tld3.com to be used for future annual report notifica	ation)			
For further information	concerning this matter, please of	eall:				
	omas L. Driscoll		81-0900			
Name of Person		Area Code & Daytime	Telephone Number			
Enclosed is a check for	the following amount:					
\$25.00 Filing Fee	S30.00 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: 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

SECRETARY OF STATE DIVISION OF CORPORATIONS

(Name of the Limited Liability Company of (A Florida Limited Liab	, LLC as it now appear	s on our records.)	ORATIONS
The Articles of Organization for this Limited Liability Company we Florida document numberL10000035801			and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabilit	y company her	<u>e</u> :	
CI-NOW, L	LC		
The new name must be distinguishable and end with the words "Limited "L.L.C."	Liability Compa	ny," the designation "L	LC" 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 office registered agent and/or the new registered office address here:	address on o	our records, <u>enter tl</u>	ne name of the new
Name of New Registered Agent:			
New Registered Office Address:	· · · · · · · · · · · · · · · · · · ·		
	Ent	ter Florida street addr	ess
		. Florida	

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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 Title Title <u>Name</u> **Address Type of Action** .□ Add Remove Remove ☐ Add Remove ∏Add Remove ∏Add Remove \square Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) August 12 2010 Dated_

Signature of a member or dutition of representative of a member

Thomas L. Driscoll

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00