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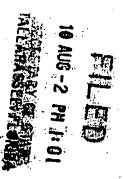
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D. BRUCE

AUG 3 2010

EXAMINER

COVER LETTER

Division of	f Corporations		:	
SUBJECT:	The Continnum M	anagement Group	, LLC	
	Name of Limite	ed Liability Company	*************************************	-
The enclosed Article	es of Amendment and fee(s) are subr	nitted for filing.		
Please return all cor	respondence concerning this matter t	to the following:		
¥		Eddy Gorrin		
•		Name of Person		
	The Continu	uum Management Gro	oup, LLC	-
		Firm/Company		_
	8	8828 NW 176 Street		
		Address		_
		Miami, FL 33018		
		City/State and Zip Code		6
•	F-mail address: (to	egorrin@aol.com be used for future annual repor	rt notification)	- 瓤 ま 剪
For further informat	ion concerning this matter, please ca	•	,	2 2
	Eddy Gorrin	at (305)	336-9995	
. N	ame of Person	Area Code & I	Daytime Telephone Num	<u> </u>
			٠.	•
Enclosed is a check	for the following amount:		4	
\$25:00 Filing Fe	e = \$\int_\$30.00 Filing Fee & Certificate of Status	- \$55.00 Filing Fee & Certified Copy (additional copy is en	Certif closed) Certif	Filing Fee, icate of Status & ied Copy ional copy is enclosed)

MAILING ADDRESS:

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

The Con	tinnum Mana	agement Gro	up, LLC	
(Name of the Limite	A Florida Limited I	iability Company)	ns on our records.)	
The Articles of Organization for this Limited I	Liability Company	were filed on	April 19, 2010	and assigned
Florida document number L1000004	1639			
This amendment is submitted to amend the following	lowing:			
A. If amending name, enter the new name	of the limited liab	oility company he	ere:	
The Co	ntinuum Mana	gement Group	LLC	
The new name must be distinguishable and end w "L.L.C."	ith the words "Lim	ited Liability Comp	pany," the designation "L	LC" or the abbreviation
Enter new principal offices address, if appli	cable:			
(Principal office address MUST BE A STREET ADDRESS)		N/A		
			<u> </u>	
Enter new mailing address, if applicable:				E 1
(Mailing address MAY BE A POST OFFICE	N/A		3 0	
B. If amending the registered agent and			our records, enter t	he name of the nev
registered agent and/or the new registered (<u>llice address her</u>	<u>'e</u> :	·	•
Name of New Registered Agent:	N/A	 		
New Registered Office Address:	N/A	•		
		Enter Florida street address		
			, Florida	
		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>	. <u>I</u>	Name .	Address	Type of Action
		N/A	N/A	Add
				Remove
				Add
				Remove
				Add
		:		Remove
				Add
				Remove
			•	Add
				Remove
				Add
				Remove
D. If an	nending	any other information, enter chang	ge(s) here: (Attach additional sheets, if necessary.)	¥ §
	N/A	· · · · · · · · · · · · · · · · · · ·		5 7
· · · · ·	· · · · · · · · · · · · · · · · · · ·			3 1
				<u>-</u>
Dated	<i></i>	July 29 20	010	_
		Signature of a member	r or authorized representative of a member	
· ·		X	Eddy Gorrin	
		Typed	or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00