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SECRETARY OF STATE
SECRETARY SEE, FLORIO

J. BRYAN

MAY 24 2010

EXAMINER

COVER LETTER

TO:

Registration Section Division of Corporations

Registration Section
Division of Corporations
P.O. Box 6327

Tallahassee, FL 32314

SUBJECT: CONTAINMENT RESOURCES LLC Name of Limited Liability Company			
Name of Emmed Elability Company			
The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following:	カートアレ		
SUE RAUI	ب		
Name of Person			
ERA FINANCIAL GROUP LLC Firm/Company			
27911 F CROWN LAKE BLUD SUITE 241			
BONING SPRINGS, FURIDA, 34135 City/State and Zip Code			
E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
SUE RALT at (239) 444 5926 Name of Person Area Code & Daytime Telephone Number			
Enclosed is a check for the following amount:			
\$25.00 Filing Fee \$\ S25.00 Filing Fee & S30.00 Filing Fee & S60.00 Filing Fee, Certificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed))		
MAILING ADDRESS: STREET/COURIER ADDRESS:			

Registration Section Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

Clifton Building

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compan (A Florida Limited Li	SOURCES LLC
(A Florida Limited Liability Compania)	ability Company)
The Articles of Organization for this Limited Liability Company v Florida document number <u>L100004989</u> 1	vere filed on 5 10 10 and assigned
This amendment is submitted to amend the following:	SSEC P C
A. If amending name, enter the new name of the limited liabil	ity company here:
CONTAINMENT RESOURCE	E LLC
The new name must be distinguishable and end with the words "Limite "L.L.C."	ed Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	SAME AS ORIGINIAL
(Principal office address MUST BE A STREET ADDRESS)	FILED APP.
Enter new mailing address, if applicable:	SAME AS ORKINAL
(Mailing address MAY BE A POST OFFICE BOX)	FILED APP
B. If amending the registered agent and/or registered office address here Name of New Registered Agent: New Registered Office Address:	
	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 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** Name **Address** Type of Action ☐ Add Remove Add Remove ☐ Add Remove Add Remove ∏Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary) 000 FROM THE END OF RESOURCES Dated 2010 Signature of a member or authorized representative of a member S. RALLI Typed or printed name of signee **ERA Financial Group LLC**

Page 2 of 2

Filing Fee: \$25.00

27911 Crown Lake Blvd.,

Suite 241, Bonita Springs, FL 34135