210000069254

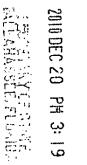
| (Requestor's Name) | | | | |
|---|--------------------------|--|--|--|
| (Address) | | | | |
| | (Address) | | | |
| | (City/State/Zip/Phone #) | | | |
| PICK-UP | WAIT MAIL | | | |
| (| (Business Entity Name) | | | |
| (Document Number) | | | | |
| Certified Copies | Certificates of Status | | | |
| Special Instructions to Filing Officer: | | | | |
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Office Use Only



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J. SAULSBERRY EXAMINER DEC 21 2010

COVER LETTER

| TO: Registration Section Division of Corporations | | | | |
|--|--|--|--|--|
| SUBJECT: The Altitude Group UC 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: | | | | |
| Vanessa Autrey Name of Person | | | | |
| CDCGroup Firm/Company | | | | |
| UTSI N Federal Hwy, Suite 302 | | | | |
| Boca Raton, P. 33431. City/State and Zip Code Vambrey @ Consumer degroup um E-mail address: (to be used for future annual report notification) | | | | |
| For further information concerning this matter, please call: | | | | |
| Vanessa Autrey at (888) 394 - 2604 Name of Person Area Code & Daytime Telephone Number | | | | |
| Enclosed is a check for the following amount: | | | | |
| \$25.00 Filing Fee \$\ \text{Certificate of Status} \text{S25.00 Filing Fee & 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{Certified Copy (additional copy is enclosed)} Certified Copy (addit | | | | |
| MAILING ADDRESS: Registration Section Registration Section | | | | |

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| The Altitude E | group LLC | | | |
|--|-------------------------------|--------------------------|---|--|
| (Name of the Limited Liability (A Florida) | Limited Liability Company) | s on our records.) | | |
| The Articles of Organization for this Limited Liability Comment number <u>L10000069254</u> | Company were filed on | 129 2010 | and assigned | |
| This amendment is submitted to amend the following: | | | | |
| A. If amending name, enter the new name of the lim | ited liability company here | : | | |
| The new name must be distinguishable and end with the wor'L.L.C." | rds "Limited Liability Compar | y," the designation "LLC | " or the abbreviation | |
| Enter new principal offices address, if applicable: | | | · | |
| Principal office address MUST BE A STREET ADDI | RESS) | | | |
| | | ント スト | | |
| | | (7) 25° | 20 | |
| Enter new mailing address, if applicable: | | | 70 11 | |
| Mailing address MAY BE A POST OFFICE BOX) | | 円 (2013) (2014) | · • • • • • • • • • • • • • • • • • • • | |
| | | <u>्य</u> | | |
| B. If amending the registered agent and/or registered agent and/or the new registered office add | | ar records, enter the | name of the new | |
| Name of New Registered Agent: | | | | |
| New Registered Office Address: | | | | |
| | 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> Name Address **Type of Action** Andrea Neill ☐ 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!) December 16th Signature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00