



**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Client Acquisitions Group, LLC**  
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:

**Scott V. Boruta**

Name of Person

**Scott V. Boruta, P.A.**

Firm/Company

**402 Knights Run Avenue, Suite 100**

Address

**Tampa, Florida 33602**

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**Scott Boruta**

Name of Person

at ( **813** )

**425-2642**

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- \$25.00 Filing Fee       \$30.00 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

FILED  
2010 OCT 18 PM 12:59  
SECRETARY OF STATE,  
TALLAHASSEE, FLORIDA

Client Acquisitions Group, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on August 16, 2010 and assigned Florida document number L10000085999.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable: 5550 W. Idlewild Ave, Suite 101  
(Principal office address MUST BE A STREET ADDRESS) Tampa, Florida 33634

Enter new mailing address, if applicable: 5550 W. Idlewild Ave, Suite 101  
(Mailing address MAY BE A POST OFFICE BOX) Tampa, Florida 33634

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent: Niko Mercuris  
New Registered Office Address: 5550 W. Idlewild Ave, Suite 101  
*Enter Florida street address*  
Tampa, Florida 33634  
*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:

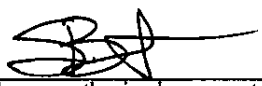
MGR = Manager  
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Scott V Boruta	402 Knights Run Avenue, Suite 100 Tampa, Florida 33602	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Niko Mercuris	5550 W. Idlewild Ave., Suite 101 Tampa, Florida 33634	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated October 12, 2010



Signature of a member or authorized representative of a member

Scott V. Boruta

Typed or printed name of signee

2010 OCT 18 PM 12:59  
 SECRETARY OF STATE  
 TREASURER OF FLORIDA

FILED