

**L10000123077**  
Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To: Division of Corporations  
Fax Number : (850)617-6383

From: Account Name : SHUTTS & BOWEN LLP  
Account Number : I20060000106  
Phone : (813)229-8900  
Fax Number : (813)229-8901

\*\*Enter the email address for this business entity to be used for annual report mailings. Enter only one email address please.

Email Address: \_\_\_\_\_

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11 JAN 12 AM 8:58  
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TALLAHASSEE, FLORIDA

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
CKS HOLDINGS, LLC**

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 0       |
| Page Count            | 04      |
| Estimated Charge      | \$25.00 |

**D. BRUCE**

JAN 13 2011

**EXAMINER**

**RECEIVED**  
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Corporate Filing Menu

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**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: CKS Holdings, 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:

**C. Mark Stevenson**

Name of Person

**Shutts & Bowen LLP**

Firm/Company

**100 S. Ashley Drive, #1500**

Address

**Tampa, FL 33602**

City/State and Zip Code

**mstevenson@shutts.com**

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

For further information concerning this matter, please call:

**Mark Stevenson**

Name of Person

at ( 813 )

**227-8116**

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

**FILED**  
**11 JAN 12 AM 8:58**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

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(((H11000010613 3)))  
**ARTICLES OF AMENDMENT  
 TO  
 ARTICLES OF ORGANIZATION  
 OF**

**CKS Holdings, 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 11/30/2010 and assigned  
 Florida document number L10000123077.

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:**

**(Principal office address MUST BE A STREET ADDRESS)**

3903 Founders Club Drive

Sarasota, FL 34240

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

3903 Founders Club Drive

Sarasota, FL 34240

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 TALLAHASSEE, FLORIDA

**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:**

**New Registered Office Address:**

3903 Founders Club Drive

*Enter Florida street address*

Sarasota

Florida

34240

*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**

(((H11000010613 3)))

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  |
|-------|------|---------|---|
|       |      |         | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove |
|       |      |         | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove |
|       |      |         | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove |
|       |      |         | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove |
|       |      |         | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove |
|       |      |         | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove |

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

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

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Dated January 12, 2011



Signature of a member or authorized representative of a member

C. Mark Stevenson

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00

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