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COVER LETTER

TO:	Registration Secti Division of Corpo			
cubic	Paralegal S	Support Group, LLC		
SUBJE	CI:	Name of Limited Liability Company		
		nendment and fee(s) are submitted for filing.		
, reaso i	our un concespona	Katherine McGrath		
		Name of Person		
Firm/Company				
260 SW Natura Ave.				
		Address		
		Deerfield Beach, FL 33441		
		City/State and Zip Code katherinemcgrathesquire@gmail.com		
		E-mail address: (to be used for future annual report notification)		
For furt	her information con	scerning this matter, please call:		
Kathe	erine McGrath	954 2429841		
	Name of P	Person Area Code Daytime Telephone Number		
Enclose	ed is a check for the	following amount:		
\$25	5.00 Filing Fee	□ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) 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

If amen	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
•	, , , , , , , , , , , , , , , , , , ,
-	
	e date, if other than the date of filing: (optional) ive date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after his document is filed by the Florida Department of State)
Dated _	12 5,2014
	Signature of a member or authorized representative of a member
	Jeremy Marcus
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

14 DEC -8 PM 1:16
SECRETARY OF STATE
TALLAHASSEF FLORIN