

410000 866 80

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

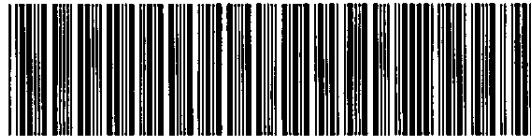
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600262664986

07/31/14--01026--020 **25.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 SEP -9 PM 3:34

SEP 10 2014
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Consumer Solutions 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:

Kevin Downs

Name of Person

Consumer Solutions Group LLC

Firm/Company

7099 N Atlantic Ave Ste 101

Address

Cape Canaveral FL 32930

City/State and Zip Code

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

For further information concerning this matter, please call:

Kevin Downs

Name of Person

at 321 652-0878

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 5, 2014

CONSUMER SOLUTIONS GROUP LLC
7099 N ATLANTIC AVE, STE 101
CAPE CANAVERAL, FL 32920

SUBJECT: CONSUMER SOLUTIONS GROUP LLC
Ref. Number: L11000086680

We have received your document for CONSUMER SOLUTIONS GROUP LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Effective January 1, 2014, all limited liability company forms must be submitted in accordance with the Revised Limited Liability Company Act, Chapter 605, Florida Statutes.

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with a telephone number where you can be reached during working hours.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris
Regulatory Specialist II

Letter Number: 614A00016784

FILED
SECRETARY OF CORPORATIONS
DIVISION OF CORPORATIONS
14 SEP -9 PM 3:34



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 21, 2014

KEVIN DOWNS
7099 N ATLANTIC AVE STE 101
CAPE CANAVERAL, FL 32930

SUBJECT: CONSUMER SOLUTIONS GROUP LLC
Ref. Number: L11000086680

We have received your document for CONSUMER SOLUTIONS GROUP LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris
Regulatory Specialist II

Letter Number: 914A00018083

FILED
STATE
DIVISION OF CORPORATIONS
14 SEP -9 PM 3:34

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Consumer Solutions 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 July 27, 2011 and assigned Florida document number L11000086680.

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)

7099 North Atlantic Avenue

Suite 101

Cape Canaveral, FL 32920

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1325 Diplomat Parkway

Hollywood, FL 33019

RECEIVED
DIVISION OF CORPORATE REGISTRATION
14 SEP -9 PM 3:34

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:

Kenneth D. Kossow

New Registered Office Address:

1325 Diplomat Parkway

Enter Florida street address

Hollywood

City

Florida 33019

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 605, 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 Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Kevin Downs	7099 N. Atlantic Avenue	<input checked="" type="checkbox"/> Add
		Suite 101	<input type="checkbox"/> Remove
		Cape Canaveral, FL 32920	
MGR	Chris Watson	7099 N. Atlantic Avenue	<input checked="" type="checkbox"/> Add
		Suite 101	<input type="checkbox"/> Remove
		Cape Canaveral, FL 32920	
MGR	Shyla Gibson	7099 N. Atlantic Avenue	<input checked="" type="checkbox"/> Add
		Suite 101	<input type="checkbox"/> Remove
		Cape Canaveral, FL 32920	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

14 SEP -9 PM 3:34
 SECUR. DIVISION
 DIVISION OF CORPORATIONS

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

Any matter relating to the business of the Company
shall be exclusively decided by the unanimous
vote of the managers.

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated August 18, 2014.



Signature of a member or authorized representative of a member

Kevin Downs

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 SEP -9 PM 3:34