L11000093907

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SECRETARY OF STATE
ALLAHASSEE, FLORED

COVER LETTER

SUBJECT: <u>CENTRAL BOOKING GROUP LLC</u>
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:
Jim Romero Name of Person
CENTRAL BOOKING GROUP LLC Firm/Company
450 NE STU ST. SWITES
FORT LAU DER NACE FL 33301 City/State and Zip Code
CENTRAL BOOKENIG AGENCY @ GMATL. CONT E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Tim Romero at (26) 274 8424 Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$55.00 Filing Fee & Solution Status See Certificate of Status See Cert
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



December 6, 2011

JIM ROMERO 450 NE 5TH STREET, SUITE 5 FORT LAUDERDALE, FL 33301

SUBJECT: CENTRAL BOOKING GROUP, LLC

Ref. Number: L11000093907

We have received your document for CENTRAL BOOKING 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) 245-6067.

Letter Number: 311A00027228

Neysa Culligan Regulatory Specialist II

www.sunbiz.org

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED 11 DEC 12 AM 9:54

Carry March

	C	Ecom - 12 AM 9:5			
CENTRAL BOD	WING BROUP LLC	ECRETARY OF STATE			
(<u>Name of the Limited L</u> (A F	iability Company as it now appears on our records.) lorida Limited Liability Company)	LAHASSEE, FLORIDA			
`	**	•			
The Articles of Organization for this Limited Liab	oility Company were filed on	and assigned			
Florida document number <u>LN0000939</u>	07 .				
	``				
This amendment is submitted to amend the follow	ving:				
A TC . I' . A II . C.					
A. If amending name, enter the new name of t	he limited liability company here:				
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Company," the designation "	LLC" or the abbreviation			
	_				
Enter new principal offices address, if applicat					
(Principal office address MUST BE A STREET	ADDRESS)				
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE Bo	<u> </u>				
	registered office address on our records, enter	the name of the new			
registered agent and/or the new registered office	ce address here:				
	4550 0 505				
Name of New Registered Agent:	JIM ROMERO				
New Registered Office Address:	450 NG 37H ST SWITES				
	Enter Florida street address				
	PORT LAUNGRAALE , Florida_	3330 l			
	City	Zip Code			
New Registered Agent's Signature, if changing Re	gistered Agent:				
'1					

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 = M	lanaging Member		
<u>Title</u>	Name	Address	Type of Action
KGRM	JUN FOMERO	450NE STR ST SWITE S FORT LAWBERDAGE FL 8530	Add Remove
<u> 1962 19</u>	CHAKA R MAYES	450 NESTH STOLITES FORT LAUDENAGE FL 333	Add Remove
			Add Remove
			Add Remove
			Add Remove
<u> </u>			Add Remove
D. If amend	ling any other information, enter chan	ege(s) here: (Attach additional sheets, if necessary.) :
	30/2011		FILED 11 DEC 12 M 9:54 SECRETARY OF STATE MATANASSEE FLORIDA
Dated 111		er or authorized representative of a member	
		R HAYES d or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00