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Office Use Only



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SECRETANT OF STATE
TAIL AHASSEE, FLORID

COVER LETTER

TO: ', Registration Section

Tallahassee, FL 32314

Division of Corporations **					
SUBJECT:	Cardinal Service	ces Group Florida	LLC		
		Name of Limited Liability Company			
The enclosed Articles o	f Amendment and fee(s) are sul	bmitted for filing.			
Please return all corresp	ondence concerning this matter	r to the following:			
		Randi Freedman			
		Name of Person			
		Firm/Company			
	5	555 NE 34th St #1901 Address			
		Miami, FL 33137			
		City/State and Zip Code			
	E-mail address: (Imgrandi@aol.com to be used for future annual rep	ort notification)		
For further information	concerning this matter, please of	call:			
Randi Freedman Name of Person		at (305) Area Code &	790-3356 Daytime Telephone Number		
Enclosed is a check for a	the following amount: \$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is e	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327		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 11

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Cardinal Services Group Florida LALCAHASSEE, FLORIDA

(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 Liabili	ity Company were filed on Sep	tember 15, 2011 and assigned
Florida document numberL1100010547	5	
This amendment is submitted to amend the following	g:	
A. If amending name, enter the new name of the	limited liability company here:	
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability Company,	" the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable	· •	
(Principal office address MUST BE A STREET A	DDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX	*************************************	
B. If amending the registered agent and/or registered agent and/or the new registered office		records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		<u></u>
	Enter Florida street address	
		, Florida
	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 amending the Managers or Managing Members on our records, <u>enter the title</u>, <u>name</u>, <u>and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

MGRM = Managing Member **Title Address Type of Action Name** MGRM **Donald Ramsey** 1800 Diagonal Place Suite 600 ✓ Remove Alexandria, VA 22314 ☐ Add Remove ☐ Add Remove Add Remove ∏Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated ember or authorized representative of a member Randi Freedman Typed or printed name of signee

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Filing Fee: \$25.00