## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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(((H11000231919 3)))



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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : UPCHURCH, BAILEY & UPCHURCH, P.A

Account Number : 075350000207

Phone : (904)829-9066

Fax Number

: (904)825-4862

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

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Corporate Filing Menu

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SEP 23 2011

**EXAMPMER** 

AUDIT #H110002319193

## **COVER LETTER**

| TO: Registration Sec<br>Division of Corp | ction<br>porations                         |   |  |
|--|--|---|--|
| SUBJECT:                                 |  | CINTERNATIONAL, LLC   |  |
| The enclosed Articles of                 | Amendment and fec(s) are sub               | omitted for filing.   |  |
| Please return all correspo               | ndence concerning this matter              | to the following:   | <b>芦宫 幸</b>  |
|  | DOI  | NALD W. WALLIS, ESQ   | SEP 22   |
|  | UPCHURC                                    | H, BAILEY & UPCHURCH, Firm/Company                                | PA SSEE FLORIT   |
|  | 780 NOR                                    | TH PONCE DE LEON BLV  | )  |
|  | -  | Address   |  |
|  |  | AUGUSTINE, FL 32084  City/State and Zip Code                      |  |
|  |  | iwallis @ ubulaw.com to be used for future annual report notific  | ation)   |
| For further information c                | oncerning this matter, please o            | all:  |  |
| DONALD W. WALLIS Name of Person          |  | at ( 904 ) 5<br>Area Code & Daytimo                               | 29-9066<br>Telephone Number  |
| Enclosed is a check for the              | ne following amount:                       |   |  |
| \$25.00 Piling Fee                       | \$30.00 Filing Fee & Certificate of Status | S55.00 Filling Fee & Certified Copy (additional copy is enclosed) | Certificate of Status & Certified Copy (additional copy is enclosed) |

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Taliahassee, FL 32314 STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

AUDIT # H110002319193

09/22/2011 12:13 Nancy

| (FAX)9 | ري چ <sub>ي د</sub> ه 048254862 | P.00    |
|--------|---------------------------------|---------|
| AUDIT  | #H1100 (12)                     | B a Rea |
| 1      | T T                             | 温品      |
|        | •                               | SAL E   |

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| (Name of the Limited)   | Ciability Compar<br>Florida Limited L | y as it now appears o<br>lability Company) | n our records.)      | <del></del>             |  |
|---|---------------------------------------|--|----------------------|-------------------------|--|
| The Articles of Organization for this Limited Lia Fiorida document numberL11000107  |                                       | were filed on                              | 9/21/11              | and assigned            |  |
| This amendment is submitted to amend the follo  | wing:                                 |  |                      |                         |  |
| A. If amending name, enter the new name of  | the <u>limited liab</u>               | ility company here:                        |                      |                         |  |
| The new name must be distinguishable and end with   | the words 'Limi                       | ted Liability Company,                     | " the designation "L | LC" or the abbreviation |  |
| Enter new principal offices address, if applica   | ble:                                  | 159 SEGOVIA                                | ROAD                 |                         |  |
| (Principal office address MUST BE A STREET ADDRES   |                                       | ST. AUGUSTINE, FL 32086                    |                      |                         |  |
| Enter new mailing address, if applicable:   |                                       | 159 SEGOVIA I                              | ROAD                 |                         |  |
| (Mailing address MAY BE A POST OFFICE )   | ST. AUGUSTINE, FL 32086               |  |                      |                         |  |
| B. If amending the registered agent and/o registered agent and/or the new registered of Name of New Registered Agent:  New Registered Office Address: |                                       | RICH                                       | records, enter t     | he name of the new      |  |
| Metaleigh Office Addless:   |                                       | Florida street add                         | ress                 |                         |  |
|   | _ ST.                                 | AUGUSTINE Florida                          |                      | 32086                   |  |
|   |                                       | City                                       | r ==                 | 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 Agodt, Signature of New Registered Agent

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MGR = Manager

## AUDIT #H110002319193

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:

| MGRM =         | Managing Member                         |   |                |
|----------------|---|---|----------------|
| <u>Title</u>   | <u>Name</u>                             | Address   | Type of Action |
| <u> </u>       | <del></del>                             |   | Add Remove     |
| <del></del> _, |   |   | Add Remove     |
|                |   |   | Dadd S         |
|                |   |   | Remore STATE   |
|                |   |   | Add Remove     |
|                |   |   | Add<br>Remove  |
| D. If amer     | ading any other information, enter char | nge(s) here: (Attach additional sheets, if neces. | sary.)         |
| -              |   |   |                |
| _              |   |   |                |
| Dated          | SEPTEMBER 22 , S                        | 2011  | •              |
|                | Signature of a memb                     | per or authorized representative of a member      |                |
|                |   | MARK R, FRICH                                     |                |
|                | Тур                                     | ed or printed name of signce                      |                |

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