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(Re	equestor's Name)			
(Ád	ldress)			
(Ac	ddress)			
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				

G. MCLEOD

AUG 2 2 2012

EXAMINER



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Sign

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SECRETARY OF STATE
ANASSEF, FLORID.

COVER LETTER

TO:	Registration So Division of Co	ection rporations		·
SUBJ	ECT:			
5020	 			
			*,	
The en	closed Articles of	Amendment and fee(s) are sub-	mitted for filing.	•
Please	return all correspo	ondence concerning this matter	to the following:	
			Christopher Banas	
		•	Name of Person	
		Creative Business Solutions Group, LLC		
			Firm/Company	
11250 Old		11250 Old	St. Augustine Rd., STE 1520	07
			Address	
		· Ja	cksonville, FL 32257	
City/State and Zip Code			· · · · · · · · · · · · · · · · · · ·	
		Christo E-mail address: (to	opher@cbsgroupllc.com be used for future annual report notifica	tion)
For fu	rther information of	concerning this matter, please ca	·	,
		stopher Banas	at ()	04-9980
	Name c	f Person	Area Code & Daytime T	elephone Number
Enclos	ed is a check for the	he following amount:		
\$25	5.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

iness Solutions Grou	ip LLC	<u>- </u>
ity Company as it now appear la Limited Liability Company)	rs on our records.)	
Company were filed on	9/21/2011	and assigned
		
mited liability company her	<u>·e</u> :	
vords "Limited Liability Compa	any," the designation "	LLC for the abbreviation
DRESS)		SS 2
		F STATE
		D
	our records, <u>enter</u>	the name of the new
	And Filential and the American	d
City	, Florida	Zip Code
	ity Company as it now appea la Limited Liability Company) Company were filed on Imited liability company here words "Limited Liability Company here DRESS) gistered office address on conditions here:	words "Limited Liability Company," the designation " DRESS) gistered office address on our records, enter ddress here: Enter Florida street address, Florida

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 Agent, Signature of New Registered Agent

All the second second second

MGR = Manager

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> **Type of Action** <u>Name</u> <u>Address</u> **MGRM** Cindy L. Wadzinski 3111 W. Dr. MLK Blvd. ☐ Add ✓ Remove STF 100-B180 Tampa, FL 33607. ☐ 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.) April 16 2012 Dated _____ Signature of member of authorized representative of a member Christopher J. Banas Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00