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SECRETARY OF STATE

T. CLINE

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EXAMINER

## **COVER LETTER**

SUBJECT: Cloud Holding 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:
Linda Manfre Name of Person
Name of Person
Magellan Group Investments
Firm/Company
11 S Swinton Ave
Address
Delray Beach FL 33444  City/State and Zip Code  Inda. manfre a magellang roup, net  E-mail address: (to be used for future annual report notification)
City/state and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Linda Manfre at (561) 266-0845 X 117 Name of Person at (561) 266-0845 X 117
Name of Person Area Code & Daytime Telephone Number
Name of Person  Area Code & Daytime Telephone Number  Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\text{Q\$55.00 Filing Fee & Certificate of Status}\$\$ Certificate of Status \$\text{Certified Copy (additional copy is enclosed)}\$\$ Certified Copy (additional copy is enclosed)

### MAILING ADDRESS:

TO:

Registration Section
Division of Corporations

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

Cloud Holding LLC			
The Articles of Organization for this Limited Liability Company were filed on 10-11-2011  Florida document number 1100016300.	and a	assigned	i
This amendment is submitted to amend the following:			
mendment is submitted to amend the following:  amending name, enter the new name of the limited liability company here:  we name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "  new principal offices address, if applicable:  ipal office address MUST BE A STREET ADDRESS)  new mailing address, if applicable:  ing address MAY BE A POST OFFICE BOX)  amending the registered agent and/or registered office address on our records, enter the new			
The new name must be distinguishable and end with the words "Limited Liability Company," the designation "I.L.C."	LLC" or th	ie abbrev	viation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)		**-	
			<del></del>
B. If amending the registered agent and/or registered office address on our records, enter	the-name	e of the	e new
registered agent and/or the new registered office address here:			
	±ñ.	Ę	و يوهيد،
Name of New Registered Agent:	60 5	<del></del>	- Francisco
New Registered Office Address:		355	[ }
	tress		Age of the second
Florida	当局	0	
	Zip C	ode	

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

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Declar Treacy	11 S. Swin-	ton Ave. X Add
	,	Delray Beach	FL
			Add
			Remove
			Add
			Remove
			Add
			Remove
<del></del>			TE TO TANK
			SS TO TRemove
			Remove 7
			Add
			Remove

If amen	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
•	
_	
	November 8, 2012.
d	THOUGHTS B, ACTA.
	Signature of a member or authorized representative of a member
	Robert G. Fessler
	Typed or printed name of signee
	Page 3 of 3

Filing Fee: \$25.00

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