## L11000120705

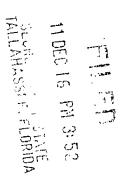
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B. BOSTICK
DEC 2 0 2011
EXAMINER

## **COVER LETTER**

TO:	Registration Sec Division of Corp					
SUBJI	ECT:	CPM Cap	oital Group, LLC			
			ted Liability Company		<del></del>	
The en	closed Articles of A	mendment and fee(s) are sub	omitted for filing.			
Please	return all correspond	dence concerning this matter	to the following:			
			Michael Cohen	· · · · · · · · · · · · · · · · · · ·		
			Name of Person			
BEMH Partners, LLC						
Firm/Company						
	8751 West Broward Blvd., Suite 305					
Address						
Plantation, FL 33324					Pro -	- <b>.</b>
	City/State and Zip Code					
		mcohe	mcohen@cpmcapitalgroup.com			
E-mail address: (to be used for future annual report notification)						
For fur	ther information cor	icerning this matter, please c	all:		<u> </u>	
	Trev	or Stewart	at ( 954 )	472-0088	<u> </u>	્ લ
	Name of F	Person	Area Code & D	Paytime Telephone Nun	mber 👼	. •
Enclose	ed is a check for the	following amount:				
<b>□</b> \$25	\$25.00 Filing Fee \$\ \text{Certificate of Status} \text{S55.00 Filing Fee & Certificate of Status} \text{Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)} \text{Certified (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)} Certified Copy (additi					us & s enclosed)

MAILING ADDRESS:

TO:

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

CPM CAPITAL GROUP, LLC

(Name of the Limite	d Liability Compa A Florida Limited	ny as it now appea	rs on our records.)	<del></del>	
·	A rionda Limited	Ciaointy Company)			
The Articles of Organization for this Limited	Liability Company	were filed on	Oct. 21, 2011	and assigned	
Florida document number	20705				
L/1000	120705				
This amendment is submitted to amend the fo	• • •				
A. If amending name, enter the new name	of the limited liab	vility company he	ro.		
	VI the innece has	Ant y Company in	: <u>.</u>		
The new name must be distinguishable and end w'L.L.C."	vith the words "Lim	ited Liability Comp	pany," the designation	"LLC" or the abbreviati	
Enter new principal offices address, if appl	8751 West Broward Blvd., Suite 305				
Principal office address MUST BE A STRE	ET ADDRESS)	Plantation, FL 33324			
Enter new mailing address, if applicable:	8751 West B	roward Blvd., Su	ite 305		
<u>Mailing address MAY BE A POST OFFICI</u>	Plantation, F	L 33324			
				<b>岩                                    </b>	
<ol><li>If amending the registered agent and egistered agent and/or the new registered</li></ol>			our records, enter	the name of the no	
egistered agent and/or the new registered (	utite adoress her	<u>e</u> :			
Name of New Registered Agent:	Michael Coi	hen			
			S.::- 20E		
New Registered Office Address:	6/51 West	Broward Blvd.,	sulle 305 nter Florida street ad	ddress	
		Plantation		33324	
		City	, Florida _	33324 Zip Code	
		Cuy		zip Coue	

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 chaffirm 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 = Managing Member

<u>Title</u>	Name	Address	Type of Action				
MGRM	MJP Capital, LLC	16711 Collins Avenue Apt 1702 Sunny Isles Beach, FL 33160 US	Add Remove 				
			Add Remove				
			Add Remove				
<del></del>			Add Remove				
	<del></del>		Add Remove				
	· · · · · · · · · · · · · · · · · · ·		Add Remove _				
D. If amendi	ng any other information, enter change(s	s) here: (Attach additional sheets, if necessary.)					
		FALLAHA SSS					
	December 13 , 2011	I ANE	PH 3: 52				
_	M						
	<del>-</del>	authorized representative of a member chael Cohen					
Typed or printed name of signee							

Page 2 of 2

Filing Fee: \$25.00