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*SECRETARY:OF STATES
TALLAHASSEE FIOREIS

J. SAULSBERRY EXAMINER APR 18 2012

COVER LETTER

TO:	Registration Section Division of Corporations
SUB.	Name of Limited Liability Company
The e	enclosed Articles of Amendment and fee(s) are submitted for filing.
Pleas	e return all correspondence concerning this matter to the following:
	Pamela Clark Name of Person Capital Wanagement Consultants LCC Film/Company
	Address
	City/State and Zip Code Pamela & Corpnark US E-mail address: (to be used for future annual report notification)
For fi	urther information concerning this matter, please call: 3 Me / 320:1437
\mathcal{A}	Name of Person at (941) 320 1837 ET Area Code & Daytime Telephone Number
Enclo	expect is a check for the following amount:
Øs.	25.00 Filing Fee \$\ \text{S55.00 Filing Fee & Certificate of Status} \text{Certified Copy (additional copy is enclosed)} \text{\$\ \text{S60.00 Filing Fee, Certified Copy (additional copy is enclosed)}} \text{\$\ \text{Certified Copy (additional copy is enclosed)}} \$\ \text{Certified Copy (additional copy

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

lerma	t. 110	
(Name of the Limited Liabil	lity Company as it now appears la Limited Liability Company)	on our records.)
The Articles of Organization for this Limited Liability Florida document number	y Company were filed on	25/2012 and assigned
	{ ·	
This amendment is submitted to amend the following.	:	
A. If amending name, enter the new name of the li	imited liability company here	:
The new name must be distinguishable and end with the v"L.L.C."	words "Limited Liability Compan	y," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADd	DRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or reg registered agent and/or the new registered office ac		r records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	C''	, 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 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> Type of Action **Address** ☐ 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) 12012 ignative of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00