

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : CSH SERVICES, LLC

Account Number: I20070000160 Phone

: (800)494-3124

Fax Number : (561)455-9885

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

Email	Address:			

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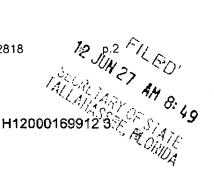
Corporate Filing Menu

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability (A Florida	ty Company as it now app Limited Liability Company		·····
The Articles of Organization for this Limited Liability Fiorida document numberL12000062889	Company were filed on _	05/09/2012	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lin	nited liability company h	iere:	
The new name must be distinguishable and end with the we "L.L.C."	ords "Limited Liability Con	pany," the designation	"LLC" or the abbreviation
Enter new principal offices address, if applicable:			·
(Principal office address MUST BE A STREET ADD	RESS)		
Enter new mailing address, if applicable:	-		
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered agent and/or the new registered office ade		our records, <u>ente</u>	r the name of the nev
Name of New Registered Agent:			
New Registered Office Address:	=======================================		
	•	Enter Florida street	address)
	(0):)	, 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)

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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:

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MGR = Manager
MGRM = Managing Member

Title
Name
Address
Type of Action

				Tipe of figure.
MGR	REBENA RUIP		13785 D BOTTLEBRUSH COURT WELLINGTON FL 33414	Add Remove
				Add
				Remove
 	· · · · · · · · · · · · · · · · · · ·			Add Remove
				Add Remove
			•	Add Remove
				Add Remove
). If an			i) here: (Attach additional sheets, if necessary.)
	1			
Dated _	JUNE 21	, 2012		
			authorized representative of a member	
		Typed or	printed name of signee	

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