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K. SALY EXAMINER 2012 AUG 1

COVER LETTER

TO: Registration S Division of Co			
SUBJECT:	GOWSYPE	PRODUCTS, LLC	
		ted Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
		MARCI A. RUBIN	
		Name of Person	
	PHILLIPS	S, CANTOR & SHALEK,	P.A.
		Firm/Company	
	4000 HOLL	YWOOD BLVD., SUITE	500-N
		Address	
	HOLL	YWOOD, FLORIDA 3302	.1
		City/State and Zip Code	
	mruk	oin@phillipslawyers.com	ntification)
For further information	concerning this matter, please of	•	Annews of
MA	RCI A. RUBIN	at (_954_)	966-1820
Name	of Person	Area Code & Day	time Telephone Number
Enclosed is a check for	the following amount:		
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclo	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	LING ADDRESS:	STREET/COU Registration Sec	RIER ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED 12 JUL 31 PM 12: 06 PALLAHASSEE, FLORIDA

GOSWYPE PRODUCTS, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liab Florida document numberL1200009040	• •	JULY 12, 2012	_ and assigned
This amendment is submitted to amend the follow	ing:		
A. If amending name, enter the new name of the	e limited liability company ho	e <u>re</u> :	
The new name must be distinguishable and end with t "L.L.C."	he words "Limited Liability Comp	pany," the designation "LLC	C" or the abbreviation
Enter new principal offices address, if applicab	le:		
(Principal office address MUST BE A STREET.	4DDRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BO	<u></u>		
			
B. If amending the registered agent and/or registered agent and/or the new registered office		our records, enter the	name of the new
Name of New Registered Agent:			
New Registered Office Address:		Enter Florida street addre.	e e
	City	, Florida	Zip Code
New Registered Agent's Signature, if changing Reg	•		•

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>	<u>Name</u>	Address	Type of Action
MGR	CVGS HOLDINGS, LLC	1601 FORUM PLACE, SUITE 1010 WEST PALM BEACH, FL 33401 US	Add Remove
			Add Remove
D. If amend	ing any other information, enter ch	nange(s) here: (Attach additional sheets, if necessary.)	_
			
<u> </u>			
Dated	JULY 26	Mark Cellelle	
	Signature of a me	mber of authorized representative of a member	
		MARCI A. RUBIN	
	Γ_{1}	yped or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00