# 4/2000/50926

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#### COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT

CMP Staffing, 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:

## Christina Cheli

Name of Person

## Carpenter & Berger PL

Firm/Company

### 6400 N Andrews Ave #370

Address

Fort Lauderdale, FL 33309

City/State and Zip Code

#### ccheli@carpenterberger.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

## Christina Cheli

at (954 / / 2-012)

Name of Person

Area Code & Daytime 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 enclosed)

□\$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

#### **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

CMP Staffing. LLC			
( <u>Name of the Limited Liability</u> (A Florida Li	Company as it now appears of mited Liability Company)	n our records.)	
The Articles of Organization for this Limited Liability Co	mpany were filed on Decer	mber 3, 2012	_ and assigned
Florida document number L12000150926			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limite	ed liability company here:		
The new name must be distinguishable and end with the words	s "Limited Liability Company,"	' the designation "LLC	" or the abbreviation
L.L.C."			2013
Enter new principal offices address, if applicable:		<b>資本</b> 	The Ty
(Principal office address MUST BE A STREET ADDRE	<u></u> ESS)	<b>3</b>	Windows
		Dis.	70 177
		F	<b>6</b>
Enter new mailing address, if applicable:			ല
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or register		records, enter the	name of the new
registered agent and/or the new registered office addre	ess here:		
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
		, Florida	
	Citv		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 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 **Title** <u>Name</u> **Address** Type of Action 949 S Southlake Dr **MGR** Prado Consulting Services, Inc. Hollywood FL 33019 Remove 949 S Southlake Dr MGR Prado Consulting, Inc. Hollywood FL 33019 Remove Remove Remove Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Dated January 3, 2013
( Die D
Signature of a member or authorized representative of a member
Christina Cheli, Esq
Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00