# L13000036183

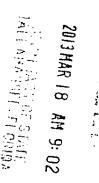
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J. SAULSBERRY EXAMINER MAR 19 2013

#### **COVER LETTER**

TO:

Registration Section Division of Corporations

SUBJECT:

CMB OF BROWARD 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:

# ROBERT BROWNSTEIN

Name of Person

#### CMB OF BROWARD LLC

Firm/Company

### 7106 WOODMONT WAY

Address

TAMARAC, FL 33321

City/State and Zip Code

#### info@coralspringscomputers.net

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

For further information concerning this matter, please call:

## ROBERT BROWNSTEIN

<sub>at</sub> 954 650-1952

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

#### CMB OF BROWARD 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 Lial Florida document number L13000036183	and assigned	
This amendment is submitted to amend the follow	ving:	
A. If amending name, enter the new name of t	he limited liability company here:	
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Company," the d	esignation "LLC" or the abbreviation
Enter new principal offices address, if applical	ble:	
(Principal office address MUST BE A STREET	ADDRESS)	2013
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE B	<u> </u>	
		25 <b>9</b>
		10 P
B. If amending the registered agent and/or registered agent and/or the new registered offi	registered office address on our recor <u>ce address here</u> :	rds, <u>enter the name of the new</u>
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Floria	la street address
		Florida
	City	Zip Code
N 79 14 14 14 14 14 14 14 14 14 14 14 14 14		

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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

Title	Name	<u>Address</u> T	vpe of Action
MGRM	ROBERT BROWNSTEIN	7106 WOODMONT WAY, TAMARAC, FL 33321	<b>✓</b> Add
			Remove
			<del></del>
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D. If ar	nending any	other information, enter change(s) here: (Attach additional sheets, if necessary.)
•		
ated _	MARCH	8 <sup>TH</sup> , 2013 .
	<del></del>	Signature of a member or authorized representative of a member
		ROBERT BROWNTEIN Typed or printed name of signee
		Page 3 of 3

Filing Fee: \$25.00

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