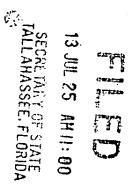
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COVER LETTER

Division of Corporations
SUBJECT: C. D. S. Training Institute, L.C. 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:
Joseph M. Melendez Name of Person
C.D.S. Training Institute, L.C. Firm/Company 590 S.W. 9Th Terr. STE 4
590 S.W. 9Th Terr. STE 4
Address
Pompano Beach, FC. 33069
City/State and Zip Code Ods Training Inst, total 6 mail, Com E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Alex Gonzalez at (855) 321-7768 FE ST Area Code & Daytime Telephone Number FT Area Cod
Mea Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee & S30.00 Filing Fee & S60.00 Filing Fee & Certificate of Status (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**

CDS Training Inst.	tute, L.L.C.
(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears on our records.) iability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>∠ /30000 4/1073</u>	were filed on $3/19/2013$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
NA	
The new name must be distinguishable and end with the words "Limi "L.L.C."	
Enter new principal offices address, if applicable:	590 S.W. 9Th Terrace STE 4
(Principal office address MUST BE A STREET ADDRESS)	Fompano Beach, Fl. 33069
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	590 s.W. 9Th Terrace STE 4 Pompano Beach, Fl. 33069
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	
Name of New Registered Agent:	N/A SSECOND
New Registered Office Address:	Enter Florida street address
	N/A Florida Dri North
	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, <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	Address	Type of Action
MGRM	Joseph M. Melendez	4910 Lishthouse Circle #	Add
		Coconut Creek, Fl. 3306	Remove
			Add
			Remove
			Add
			Remove
		A	Add
		LAHASS	Remove Remove
		E. FLORIDA	
			Remove
			Add
			Remove

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 , <u></u> ,
Signature of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00

13 JUL 25 AM II: 00
SECNETANY OF STATE