# 13000119539

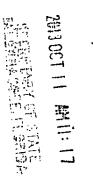
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## **COVER LETTER**

TO: Registration Se 'Division of Cor	porations	
SUBJECT: CINE	Name of Limited Liability Company	
The enclosed Articles of	Amendment and fee(s) are submitted for filing.	
Please return all correspo	ndence concerning this matter to the following:	
	June Hendley	
	Name of Person	
	•	
	Firm/Company	<del></del>
	2039 Acadia Greens Drive	
	Address	
	Sun City Center, FL 33573	
	City/State and Zip Code	
	jhendley5@tampabay.rr.com	enter I
For further information co	E-mail address: (to be used for future annual report notification) ncerning this matter, please call:	SE STATE
Rick Lanese	e at (813) 634-9296	<u></u>
Name of	· · · · · · · · · · · · · · · · · · ·	ımber

■\$55.00 Filing Fee &

Certified Copy

(additional copy is enclosed)

### MAILING ADDRESS:

□\$30.00 Filing Fee &

Certificate of Status

Enclosed is a check for the following amount:

□ \$25.00 Filing Fee

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

### STREET/COURIER ADDRESS:

□\$60.00 Filing Fee,

Certified Copy

Certificate of Status &

(additional copy is enclosed)

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CNFAD, LLC	,	
( <u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) Liability Company)	<del></del>
The Articles of Organization for this Limited Liability Company	were filed on August 23, 2013	and assigned
Florida document number L13000119539		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and end with the words "Lim" "L.L.C."	ited Liability Company," the designation "L	LC" or the abbreviation
Enter new principal offices address, if applicable:	2039 Acadia Greens Drive	
(Principal office address MUST BE A STREET ADDRESS)	Sun City Center, FL 33573	C 2#
Enter new mailing address, if applicable:	2039 Acadia Greens Drive	Logical Control of Con
(Mailing address MAY BE A POST OFFICE BOX)	Sun City Center, FL 33573	
	<u> </u>	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		he name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street add	ress
	, 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 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
MGRM	June Hendley	2039 Acadia Greens Drive	Add
		Sun City Center, FL 33573	Remove
MGRM	Connie M. Mills	2039 Acadia Greens Drive	Add
	•	Sun City Center, FL 33573	Remove
MGRM	Frank Docimo	1613 LeLand Drive	Add
		Sun City Center, FL 33573	Remove
		19 19 19 19 19 19 19 19 19 19 19 19 19 1	Add Remove
			Add
			Add Remove

D. If ame	inding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
<b>,</b> , _	Please add 46-3489690
_	
-	
Dated	10-10-2013,
	Ruth Scenie
	Signature of a member or authorized representative of a member
	Typed or printed name of signee
	Page 3 of 3

Filing Fee: \$25.00