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2016 JUN 24 PM 1: 30
SECREIARY OF STATE

K.SALY EXAMINER JUN 27

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Certical Data Solutions, (1C) 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:
Stephanie Berlios
Central Data Solutions, (CC
B57 PATRICIA St.
City/State and Zip Code
Specios 13(2) Water August Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Stephanie Berrios at 467 729-7995 Name of Person at 467 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee Certificate of Status □ \$30.00 Filing Fee & Certified Copy (additional copy is enclosed) □ \$55.00 Filing Fee & 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

2016 JUN 24 PM 1:31

FALL AHASSEE, FLORID

The Articles of Organization for this Limited Liability Company as it now noncert on our records.

(Name of the Limited Liability Company as it now noncert on our records.)

(A Priorida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 9 08 15 and assigned

Florida document number 1500 152 953

This amending name, enter the new name of the limited liability company here:

A. If amending name, enter the new name of the limited Liability Company, "the designation "LLC" or the abbreviation "LLC"

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable: 1357 Patricia St.

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: 357 Patricia St.

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

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 605, 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.

City

If Changing Registered Agent, Signature of New Registered Agent

Florida

Zip Code

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being adde or removed from our records:			ed	
MGR = Manager AMBR = Authorized Member		2016 1114 0		
<u>Title</u>	<u>Name</u>	Address TALLAHASSEE, FLORIDA Add		
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	2016 JUN 21
	S) here: (Attach additional sheets, if necessary.) 2016 JUN 24 FALLAHASSEE. F
	TAMASSEE. F.
	: :
	-
ctive date, if other than the date of filing: effective date is listed, the date must be specific and cannot If the date inserted in this block does not meet the ment's effective date on the Department of State's r	(optional) be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 applicable statutory filing requirements, this date will not be listed a ecords.
ecord specifies a delayed effective date, but the specifies and secord is filed.	out not an effective time, at 12:01 a.m. on the earlier o
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Page 3 of 3

Filing Fee: \$25.00