P09000000426

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SECRETARY OF STATE
TALL AHASSEE, FLORIDA

Amend, 09

COVER LETTER

TO: Amendment Section Division of Corporations
NAME OF CORPORATION: CONSUMER BUSINESS Alliance, INC.
DOCUMENT NUMBER: <u>P0900000426</u>
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
SIEVEN J. KATZANAN Name of Contact Person
CONSUMER BUSINESS AllANCE, INC.
133 BAL HARBOR, SUITE Address
PONTA GORDA, FL. 33450 City/ State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
STEVE KATZMAN at (727) 409-4600 Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
S35 Filing Fee Scrifficate of Status Scriffied Copy (Additional Copy is enclosed) S52.50 Filing Fee Scriffied Copy Status Status Scriffied Copy (Additional Copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE Division of Corporations

August 17, 2009

STEVEN J. KATZMAN CONSUMER BUSINESS ALLIANCE, INC 133 BAL HARBOR DRIVE - SUITE 1139-204 PUNTA GORDA, FL 33095

SUBJECT: CONSUMER BUSINESS ALLIANCE, INC.

Ref. Number: P09000000426

We have received your document for CONSUMER BUSINESS ALLIANCE, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document you submitted has been prepared pursuant to nonprofit statutes (chapter 617, Florida Statutes). As the entity was originally filed as a corporation for profit, this document should be filed pursuant to chapter 607, Florida Statutes.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6964.

Irene Albritton Regulatory Specialist II

Letter Number: 309A00027883

RECEIVED

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SECRETARY OF STATE
AUGAHASSEE, FLORIDA

Articles of Amendment to Articles of Incorporation of

	V -		- Jo
CANSUME	N BUSINES 1	GLLIANCE, LOK	%
(Name of Corporation as curre	ently filed with the Florid	la Dept. of State)	
Pag	0000004	2/0	
(Document Nun	nber of Corporation (if known		
Pursuant to the provisions of section 607.100 amendment(s) to its Articles of Incorporation:	6, Florida Statutes, this I	Florida Profit Corporation a	dopts the following
A. If amending name, enter the new name o	f the corporation:		
	N/A		The new
name must be distinguishable and contain abbreviation "Corp.," "Inc.," or Co.," or the name must contain the word "chartered," "pro	e designation "Corp," "In	c," or "Co". A professiona	atea" or the il corporation
B. Enter new principal office address, if app (Principal office address MUST BE A STREE			
C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFFI	<u>(CE BOX)</u> 1/3.	3 BAL HARBU TE 1139-204 WAR BORDA, FI	DR. 33950
D. If amending the registered agent and/or		in Florida, enter the name o	of the
new registered agent and/or the new regi	stered office address:		
Name of New Registered Agent:			
New Registered Office Address:	(Florida street	address)	
		, Florida	<u>, </u>
,	(City)	(Zip Code)	
New Registered Agent's Signature, if changi	ng Registered Agent:		
I hereby accept the appointment as registered of		and accept the obligations of	the position.
	Signature of New Register	ed Agent, if changing	

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:
(Attach additional sheets, if necessary)

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
9/48	STEVEN J. KATZMAN	445 SORRENTO CT BUNDA GORDA , FL. 33950	_ DAdd AS XP _ DRemove AS P
P	DANIEL J. HAMWIG	455 SORRENTO CT FONTA GORDA, FL 33950	_
			_
(attach aa	lditional sheets, if necessary). (Be specifi	ic)	
F. Ifan an	nendment provides for an exchange, recl	assification, or cancellation of is	sued shares,
provisio	ons for implementing the amendment if not applicable, indicate N/A)		

The date of each amendment(s) adoption:	8/1/	2009		·
T300 .1 . 1 . 10 . 11 / 12		(date of adop	rion is requi	ired)	
Effective date if applicable:	(no more than 90	O days after am	2007 nendment file	date)	
Adoption of Amendment(s)	(CH	ECK ONE)			
The amendment(s) was/wer by the shareholders was/we			The number	of votes cast for	r the amendment(s)
The amendment(s) was/wer must be separately provided					
"The number of votes of		lment(s) was/w	vere sufficien	it for approval	
by <i>S</i> /	10/09		,,,		
-,	(voting group)				
The amendment(s) was/wer action was not required.The amendment(s) was/wer action was not required.					
Dated	8/10/09		<u>.</u>		
Signature (By- selec	a director, presidented, by an incorporated fiduciary b	oorator – if in tl	he hands of a		
	STUB (Typ	ped or printed r	1 912man name of perso	✓ on signing)	