L13000090904

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. LEGGETT
APR 24 2018

FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 11, 2018

KENNETH S GLUCKMAN
111 N ORANGE AVENUE, STE 900
ORLANDO, FL 32801 US

SUBJECT: 4C CAPITAL LLC
Ref. Number: L13000090904

We have received your document for 4C CAPITAL LLC and your check(s) totaling $25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The principal office address must be a street address

Please return the corrected original and one copy of 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) 245-6051.

Judy A Leggett
Regulatory Specialist II
Registration Section

Letter Number: 918A00007307

RECEIVED
2018 APR 20 PM 1:46
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 4C CAPITAL 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:

KENNETH S. GLUCKMAN
Name of Person

MORAN KIDD LYONS JOHNSON, P.A.
Firm/Company

111 N. ORANGE AVENUE, SUITE 900
Address

ORLANDO, FLORIDA 32801
City/State and Zip Code

kseng@morankidd.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kenneth S. Gluckman at (407) 841-4141
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

4C CAPITAL 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 Liability Company were filed on 03/31/2018 and assigned Florida document number L13000090904.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

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

Enter new principal offices address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

c/o Moran Kidd Lyons Johnson, P.A. & Kenneth S. Gluckman
111 N. Orange Avenue, Suite 900
Orlando, Florida 32801

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

P.O. Box 682
Windermere FL 34786

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: MORAN KIDD LYONS JOHNSON, P.A. c/o KENNETH S. GLUCKMAN

New Registered Office Address: 111 N. ORANGE AVE., SUITE 900
Enter Florida street address

ORLANDO, **Florida** 32801
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 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.

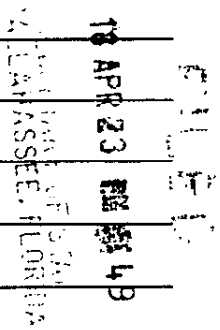
If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

Title	Name	Address	Type of Action
MGRM	FRANK MITCHELL	1401 SHADWELL CIRCLE	☐ Add
		LAKE MARY, FLORIDA 32746	■ Remove
			☐ Change
Member	FRANK MITCHELL	1401 SHADWELL CIRCLE	■ Add
		LAKE MARY, FLORIDA 32746	☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*



E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated APRIL 5, 2018.

Renee Mccalla Watson

Signature of a member or authorized representative of a member

RENEE MCALLA-WATSON

Typed or printed name of signee

Filing Fee: $25.00