L030000a1a47

(Requestor's Name)				
(Address)				
· 				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

A. LUNT

MAR -4 2009

EXAMINER

Office Use Only



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SCORE MAY OF STATE



February 16, 2009

JOSEPH CAPASSO 125 VENUSE STREET JUPITER, FL 33458

SUBJECT: C & C ENTERPRISES, L.L.C.

Ref. Number: L03000021247

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

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6094.

Letter Number: 409A00005485

Agnes Lunt Regulatory Specialist II

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314



FLORIDA DEPARTMENT OF STATE Division of Corporations

January 20, 2009

JOSEPH CAPASSO 125 VENUS STREET JUPITER, FL 33458

SUBJECT: C & C ENTERPRISES, L.L.C.

Ref. Number: L03000021247

We have received your document for C & C ENTERPRISES, L.L.C. 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 designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by 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) 245-6094.

Letter Number: 809A00002030

Agnes Lunt Regulatory Specialist II

COVER LETTER

TO: Registration Se Division of Cor				
SUBJECT: CdC	Enterprises, 2 (Name of Lim	LLC ited Liability Company)		
	(0. 2	onpuny,		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Joseph P.	CAPASSO (Name of Person) Priscs, LLC (Firm/Company)	2009 MAR -2 1 SECREDARY O	1-1
	Cal Enter	Prises, LLC (Firm/Company)	2 PM 1:50	
		(Address)	TATE ORIDA	
		FL 33458 (City/State and Zip Code)		
	concerning this matter, please c			
Jeannette	2. Koberts	at (172) 263 - 159. (Area Code & Daytime T	5 alanhona Number)	
(Maine	or rerson)	(Area Code & Dayume 1	ereprione Number)	
Enclosed is a check for the	he 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

TO THE PART OF THE

Cal Enterprises, LL.C.

(Name of the Limited Liability Com (A Florida Limite	npany as it now appears on or ed Liability Company)	ur records.)
The Articles of Organization for this Limited Liability Compa	any were filed on	112/2003 and assigned
Florida document number 6030000 21247		
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 end with the words "L.L.C."	Limited Liability Company," th	e designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	2	
Enter new mailing address, if applicable:	125 Venus	SI
(Mailing address MAY BE A POST OFFICE BOX)		ST 33458
	Jupiter, FL	<u> 33458</u>
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		cords, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	(Enter Fl	lorida street address)
	(0)	, Florida(Zip Code)
	(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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = M	lanaging Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add Remove

			THE BEAR TO
			Add Remove
,			SEO EAN
			Add
			Remove
			Remove
D. If amend	ding any other information, enter c	hange(s) here: (Attach additional sheets, if	necessary.)
			
Dated	2.20	2009	
•	Jeannte?	Solect 18 Inher or authorized representative of a member Nohekt 5 yped or printed name of signee	
	Jeanne tte	Toherets yped or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00