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D. BRUCE

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EXAMINER

COVER LETTER

TO:	Registration S Division of Co	ection rporations		•			
SUBJE	ECT:	C & C	Ocoee, LLC				
	<u> </u>	Name of Lim	ited Liability Company				
The end	closed Articles of	f Amendment and fee(s) are sul	omitted for filing.				
Please	return all corresp	ondence concerning this matter	to the following:				
			Hollis L. Henegar		<u>.</u>		
			Name of Person				
C & C Ocoee, LLC Firm/Company							
		2	152 14th Circle North		_ Por	0	
			Address		ECR:	09 NOV 20 AM 10: 5	-71
		St.	Petersburg, FL 33713		→ (*)	¥ 2	
City/State and Zip Code		TARY ASSE	0				
		hollyh	enegar@designbuild.com	•	H _O m	2	111
		E-mail address: (to be used for future annual report notifi	cation)	FOT STA	<u> </u>	D
For fur	ther information	concerning this matter, please of	call:		AU A	8	
		lis L. Henegar		327-1089			
	name	oi reison	Area Code & Daytime	i lelepnone Numb	er		
Enclose	ed is a check for t	the following amount:					
\$25	.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	✓\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certifie	iling Fee, ate of Sta ed Copy onal copy	itus &	losed)
	Regist	LING ADDRESS: tration Section on of Corporations	STREET/COURING Registration Section Division of Corporation Corporation (Corporation (Corporatio	n			

P.O. Box 6327 Tallahassee, FL 32314

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

C & C (<u>Name of the Limited Liability (</u> (A Florida Li	C Ocoee, LLC Company as it now appears on or imited Liability Company)	ur records.)		
The Articles of Organization for this Limited Liability Co Florida document numberL0400089785	ompany were filed on <u>Decem</u>	nber 13, 2004 and assigned		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limit	ed liability company here:			
The new name must be distinguishable and end with the word "L.L.C."	ls "Limited Liability Company," th	e designation "LLC" or the abbreviation		
Enter new principal offices address, if applicable:	· · · · · · · · · · · · · · · · · · ·	<u>∑</u>		
(Principal office address MUST BE A STREET ADDRE	ESS)	LAHA V		
Enter new mailing address, if applicable:		O AM		
(Mailing address MAY BE A POST OFFICE BOX)		CORIDA		
B. If amending the registered agent and/or registe registered agent and/or the new registered office address.		cords, <u>enter the name of the new</u>		
Name of New Registered Agent:				
New Registered Office Address:	Enter Flo	orida street address		
		. 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 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 = Managing Member

<u>Title</u>	Name	Address	Type of Action
<u>s</u>	Clark H. Scherer, III	2152 14th Circle North St. Petersburg, FL 33713	Add . Remove
<u>MGRM</u>	CHS Asset Holdings, LLC	2152 14th Circle North St. Petersburg, FL 33713	✓ Add ☐ Remove
			Add Remove
			Add Remove
			Add Remove
<u></u>			Add Remove
D. If amend	ling any other information, enter chan	ge(s) here: (Attach additional sheets, if necessa	O9 NOV 20 AM 10: 58
Dated	November 19 , 2	009	
	·	er or authorized representative of a member	
	Type	lark H. Scherer, III d or printed name of signee	

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Filing Fee: \$25.00