# L060000007337

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SECRETARY OF STATE TALLAHASSEE, FI ORIDA

C. LEWIS
FEB 22 2012
EXAMINER

## **COVER LETTER**

Division of Co	orporations				
SUBJECT:	C & C	Group, LLC			
		ited Liability Company			
The enclosed Articles o	f Amendment and fee(s) are sul	bmitted for filing.			
Please return all corresp	oondence concerning this matter	r to the following:			
		Albert B. Boholst			
		Name of Person			
	<del></del>	Firm/Company			
	2	27510 Cashford Circle			
		Address			
	W	esley Chapel, Fl 3354	4		
		City/State and Zip Code albodmd@aol.com			
	E-mail address: (	to be used for future annual repo	ort notification)		
For further information	concerning this matter, please of	call:			
<del></del>	pert B. Boholst	at (_813 )	973-85		
Name	of Person	Area Code &	Daytime Telephor	ne 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 en	لسا	60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	

# MAILING ADDRESS:

Registration Section

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

FILED

•		20	12 FEB 21	AM 🚑 28
Ci	& C Group, LLC		<del>-</del> ,	AIT # 28
( <u>Name of the Limited Liabil</u> (A Florid	& C Group, LLC ity Company as it now appear: a Limited Liability Company)	s on our records.	LAHASSEE	OF STATE L. FLORIDA
The Articles of Organization for this Limited Liability			and ass	
Florida document numberL0600007337	·			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the li	mited liability company here	<b>}</b> :	•	
C 8	C Synergy, LLC			
The new name must be distinguishable and end with the w"L.L.C."		ny," the designation "l	LLC" or the	abbreviation
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADI	<u>ORESS)</u>			
		· · · · · · · · · · · · · · · · · · ·		
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)				
	<del></del>			
B. If amending the registered agent and/or reg	istered office address on o	ur records, <u>enter (</u>	he name o	of the new
registered agent and/or the new registered office ad	<u>ldress here</u> :			
Name of New Registered Agent:				
New Registered Office Address:				· · · · · · · · · · · · · · · · · · ·
	Ent	er Florida street ada	lress	
		, Florida		
	City		Zip Code	e

### 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 amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = M MGRM =	lanager Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add Remove
			Add Remove
			Add Remove
D. If ame	nding any other information, enter chang	e(s) here: (Attach additional sheets, if necessar	y.) 
- -			2012
Dated	JANUARY 31 , 201.	<u>2</u> .	FILED  2012 FEB 21 AM LA 28  SECRETARY OF STATE ALLAHASSEE, FLORIDA
	Signature of a member	or authorized representative of a member	ORIDA RIDA
		or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00