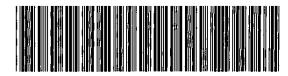
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**EXAMINER** 

## **COVER LETTER**

Division of Corporations		
SUBJECT: C & H Investment	Properties LLC	
	(Name of Limited Liability Company)	
The enclosed Articles of Amendment	and fee(s) are submitted for filing.	
Please return all correspondence conce	erning this matter to the following:	
William	Carr (Name of Person)	
•		,
C & H Investment Properties LLC (Firm/Company)		
,		
1984 Co	ountry Brook Avenue (Address)	
Clarma	nt El 24711	
<u>Ciernio</u>	nt, FL 34711 (City/State and Zip Code)	
	. w. d	
For further information concerning this	s matter, please call:	
William Carr	at (407 ) 232-5766 (Area Code & Daytime	Talankara Number
(Name of Person)	· (Area Code & Daytime	Telephone Number)
Enclosed is a check for the following a	amount:	
	Filing Fee & Status Status Status Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
MAILING ADDRE Registration Section Division of Corporat P.O. Box 6327 Tallahassee, FL 3231	Registration Section ions Division of Corporat Clifton Building	ions er Circle

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SECRETARY OF STATE DIVISION OF CORPORATIONS

08 APR 21 PM 3: 15

C & H Investment Propertie	s LLC	v %
( <u>Name of the Limited</u> (A	Liability Company as it now ap Florida Limited Liability Compar	pears on our records.) ay)
The Articles of Organization for this Limited Li	iability Company were filed on	December 4, 2006 and assigned
Florida document number <u>L06000115997</u>	·	
This amendment is submitted to amend the follo	owing:	
A. If amending name, enter the new name of	the limited liability company	<u>here</u> :
Carr Capital LLC		
The new name must be distinguishable and end wit "L.L.C."	h the words "Limited Liability Co	mpany," the designation "LLC" or the abbreviation
B. If amending the registered agent and/or the new registered of .		on our records, enter the name of the new
Name of New Registered Agent:	William Carr	
New Registered Office Address:	1984 Country Brook Ave	
		(Enter Florida street address)
	Clermont	, Florida 34711
	(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.

(H 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> <u>Name</u> **Address Type of Action** Les Hatter <u>MMar</u> 621 Newport Avenue Add Altamonte Springs, FL 32701 ∇ Remove ☐ Add Remove Remove Add Remove Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member or authorized representative of a member William Carr Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00