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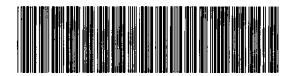
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JAN 26 2011

EXAMINER



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NLLAHASSEE, FLORIN

COVER LETTER

Division of Corporations
SUBJECT: C+C OF FLURIDA 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:
Peter Kanwell Name of Person
CYC OF FLORIDA LLC Firm/Company
1956 VEAGA DR
1 to Fl. 371168
KinBo 1962 at meast o Net
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (56/) 722-1259 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \text{Certificate of Status}\$\$ \$55.00 Filing Fee \$\ \text{Certified Copy}\$\$ (additional copy is enclosed) \$\ \text{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

(Name of the Limited	OF F	as it now appears on ou bility Company)	r records.)	A CONTRACT OF CONTRACT	
The Articles of Organization for this Limited Li	ability Company w		,	<u>Co∕</u> and assig	ned
Florida document number	26457			11 o	
				MAN 2	TOTAL COLUMN
This amendment is submitted to amend the follo	wing: •			SE SE SE SE SE SE SE SE SE SE SE SE SE S)
A. If amending name, enter the new name of	the limited liabili	ty company here:		A R	
C & C of Flox	ion 1	11 C		2: 4 0.7A	- Carrier Control
The new name must be distinguishable and end with "L.L.C."	n the words "Limite	d Liability Company," the	designation '	'LLC' or the abt	previation
Enter new principal offices address, if applica	able:				
(Principal office address MUST BE A STREE	T ADDRESS)	1956 V	EAGA	DR.	
-		Jupiter 1	<u></u>	33458	
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE)	BOX)	Same as	abo	re	
•					
B. If amending the registered agent and/or registered agent and/or the new registered of		ce address on our rec	ords, <u>enter</u>	the name of	the new
Name of New Registered Agent:	Peter	Cornwel	·L		
New Registered Office Address:	1956	JEAGA	DR		
	Aus	Enter Flor	rida street ad , Florida	dress 33458	3
	71	Čity		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 = Ma MGRM = 1	anager Managing Member		
Title	Name	Address	Type of Action
•			Add Remove
•	***************************************		Add Remove
	### AND		Add Remove
•			Add Remove
: •			Add Remove
t T			Add Remove
D. If amen	ding any other information, enter cha	ange(s) here: (Attach additional sheets, if necess	ary.) Florida UC
			
Dated		2010 . new all . there or authorized representative of a member	
	PETE COL	RNWELL ned or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00