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TO: Registration Section Division of Corporations SUBJECT:	
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:	Υ.
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: Lawrence S. Powell Name of Person Corporate Caterers Franchise Business Firm/Company 9112 ALT HWY A1A SUITE 106 Address NORTH PALM BEACH, FL 33403 City/State and Zip Code INFO@CORPCATERERS.NVIP.COM E-mail address: (to be used for future annual report notification) : For further information concerning this matter, please call: Lawrence S. Powell At (_561_) B45-7101 Area Code & Daytime Telephone Number Enclosed is a check for the following amount: [] 325.00 Filing Fee [] \$30.00 Filing Fee & Certificate of Status [] \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) [] \$60.00 Filing Fee & Certified Copy (additional copy is enclosed) [] \$60.00 Filing Fee (additional copy is enclosed)<	
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Tallahassee, FL 32301	

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2010 SEP 23 PM (B 17

SECRETARY OF STATE CC NORTH PALM BEACH, LLC TALIFAHASSEF, FLORIDA (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) 8/16/2007 The Articles of Organization for this Limited Liability Company were filed on and assigned L07000083978 Florida document number This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: CC ORLANDO, LLC The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable; (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent:

New Registered Office Address: Enter Florida street address 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

Page 1 of 2

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> </u>			Add Remove			
			Add Remove			
			Add			
D. If ar	nending any other information, er	nter change(s) here: (Attach additional sh	ASSR 23 LF			
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Dated	SEPTEMBER 20 LARvella		as Sole Managing Member of			
	Signature o	f a member or authorized representative of a r Lawrence S. Powell Typed or printed name of signee	<u>as Sole Managing Member of</u> nember CC NOVH Palm Beach UC			
		Page 2 of 2				
Filing Fee: \$25.00						