10000083978

. (Requestor's Name)
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L. SELLERS

JAN 1.4 2011

EXAMINER

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01/13/11--01006--003 **25.00

II JAN 13 PM 2:49

COVER LETTER

10 :	Registration Section Division of Corporations
SUBJI	ECT: CC ORLANDO, LLC Name of Limited Liability Company
The en	aclosed 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 CC ORLANDO, LLC Firm/Company
	CC ORLINDO, LLC
	Firm/Company
	9112 ALT HWY AIA STE 106 Address
	NORTH PALM BEACH FL 33403
	NORTH PALM BEACH FL 33403 City/State and Zip Code Dowell a corpcatevers-nvip. com F-mail address: (to be used for future annual report notification)
For fur	ther information concerning this matter, please call:
L	Name of Person at (581) 845-710/ Area Code & Daytime Telephone Number
Enclos	ed is a check for the following amount:
	1.00 Filing Fee \$\ \text{Certificate of Status}\$\ \text{S55.00 Filing Fee & Certificate of Status}\$\ \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**

CC	ORLANDO,	LLC	
(Name of the Limited (A	Liability Company as it no Florida Limited Liability C	<u>LLC</u> ow appears on our records ompany)	.)
The Articles of Organization for this Limited Liz Florida document number 20700083	ability Company were file 3978.	d on 8/16/2	007 and assigned
This amendment is submitted to amend the follo	wing:		
A. If amending name, enter the new name of	the limited liability com	pany here:	
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liabil	ity Company," the designati	on "LLC" or the abbreviation
Enter new principal offices address, if applica <u>(Principal office address MUST BE A STREET</u>	ble: 9	908 SR 436 Passelberry	FL 32707
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE B			
B. If amending the registered agent and/o	r registered office addr	ress on our records, en	ter the name of the new
registered agent and/or the new registered off	ice address here:		
Name of New Registered Agent:	Lawrence	S. Powell	/Pon
New Registered Office Address:	9/12 ALT	HWY AIA S Enter Florida street	address
		Beach, Florida	
	ř	 ,	Zip Code
New Registered Agent's Signature, if changing Re	egistered 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:

	<u>Name</u>	Address	Type of Action
_			Add Remove
			Remove
			Add Remove
			Add
.			Add
			Remove
			AddRemove
men	ding any other information, enter c	hange(s) here: (Attach additional shee	ets, if necessary.)
_			
_	000	SIDENT, NVIP FAC of more of a mere of signed or printed name of signed	0 . 4 . 41

Page 2 of 2

Filing Fee: \$25.00