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EXAMINEE

## **COVER LETTER**

TO: Registration Section Division of Corporations				
SUBJECT: C4 Global Franchising, 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:				
Scott Weber, ESQ.				
(Name of Person)				
PHELPS DUNBAR LLP				
(Firm/Company)				
100 S ASHLEY DRIVE, SUITE 1900				
(Address)				
TAMPA, FLORIDA 33602				
(City/State and Zip Code)				
For further information concerning this matter, please call:				
Scott Weber, ESQ. at ( 813 ) 472-7550				
(Name of Person) (Area Code & Daytime Telephone Number)				
Enclosed is a check for the following amount:  \$\begin{align*} \\$25.00 \text{ Filing Fee} \\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \				

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

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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C4 Global Franchising, LLC	lity Company as it now appears	op our records.)
(A Floric	da Limited Liability Company)	,
The Articles of Organization for this Limited Liability	y Company were filed on Dece	ember 18, 2007 and assigned
Florida document number <u>L07000125373</u>	·	
This amendment is submitted to amend the following	;	
A. If amending name, enter the new name of the li	imited liability company here:	
The new name must be distinguishable and end with the v "L.L.C."	words "Limited Liability Company	"," the designation "LLC" or the abbreviation
B. If amending the registered agent and/or reg registered agent and/or the new registered office ac		r records, <u>enter the name of the new</u>
Name of New Registered Agent:		
New Registered Office Address:	(Enter Florida street address)	
<del>-</del>	(City)	, Florida(Zip Code)
New Registered Agent's Signature, if changing Registe	ered Agent:	
I hereby accept the appointment as registered agen the provisions of all statutes relative to the proper accept the obligations of my position as registered being filed to merely reflect a change in the registe company has been notified in writing of this chang	and complete performance of dagent as provided for in Cha ered office address, I hereby c	my duties, and I am familiar with and pter 608, F.S. Or, if this document is
	(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 = Manager

MGRM = Managing Member <u>Title</u> <u>Name</u> <u>Address</u> Type of Action 1511 N. Westshore Blvd STE 420 MGR\_ Alejandro Cintron **✓** Add Tampa FL 33607 Remove ☐ Add Remove Add Remove Remove  $\square$ Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated\_ Signature of a member or authorized representative of a member Typed or printed name of signee

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Filing Fee: \$25.00