## L08000027640

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T. HAMPTON

APR 1 9 2008

**EXAMINER** 

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: C+D Kissimmee Investments, LLC (Name of Limited Liability Company)
Dear Sir or Madam:
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Sosie Rogers (Name of Jerson)
C+O Kissimmee Investments, LCC (Firm/Company)
202 Broodway (Address)
(City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Person) at (40) 840-4004 (Area Code & Daytime Telephone Number)
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building Clother Circle Tallahassee, Florida 32301  MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following amount:
\$25 Filing Fee \$\sum \text{\$\sum \\$55 Filing Fee & Certified Copy}

INHS18 (8/05)



RECEIVED

08 APR 17 PM 1:42

SECRETARY OF STATE TALLAHASSEE, FLORIDA

April 7, 2008

SUSIE ROGERS 202 BROADWAY KISSIMMEE, FL 34741

SUBJECT: C&D KISSIMMEE INVESTMENTS, LLC

Ref. Number: L08000027640

We have received your document for C&D KISSIMMEE INVESTMENTS, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 708A00020330

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SECRETARY OF STATE DIVISION OF CORPORATIONS

C+D KISSIMMEE [LIVESTMELTS LIC (Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 3.17.08 and assigned

Florida document number L080000 27640

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC".

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:

202 BROADWA

(Enter Florida street address)

KISSIMMEE Florida 3474

## 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 = Mai MGRM = M	nager Ianaging Member	• •	
<u>Title</u>	Name	<u>Address</u>	Type of Action
MGRM	COLLEGI E SHEIVE	202 BROADWAY KISSINMEE, F. 34741	Add Remove
MGRM	RANDY SHEIVE	202 BROADWAY KISSIMMEE, FL 34741	Add Remove
MGR	DEREK A PARSOLS	200 BROADWAY SUITE B KISSIMMEE FL 34741	Add Remove
<del></del>			Add Remove
<del></del>			Add Remove
			Add Remove
	Pay 15 1, 200	e(s) here: (Attach additional sheets, if necessary.)	SECRETARY OF STATE STATE SECRETARY OF STATE DIVISION OF CORPORATIONS
	Signature of a member of SHENE	or authorized representative of a member	
	Typed o	or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00