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Special Instructions to Filing Officer:

L. SELLERS

OCT 28 2009

EXAMINER

Office Use Only



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COVER LETTER

TO:	Registration Sect Division of Corpo						
enib r	rct.	CC&G Fina	ncial G	roup. LL0	D .		
SUBJ.	ECT:		nited Liability Company				
The er	iclosed Articles of A	mendment and fee(s) are sub	mitted for f	iling.			
Please	return all correspond	dence concerning this matter	to the follo	wing:			
			Craig	Cohen			
				of Person			
	CC&G Financial Group, LLC.						
	Firm/Company						
	2331 SW 15th Street # 36						
			Ac	ldress			
		De	erfield B	ch. FL. 33	442		
			•	and Zip Code			
		E-mail address: (t	angolfer2	000@yah	oo.com	on)	
For fu	rther information con	ncerning this matter, please ca			•		
	Cra	nig Cohen	at (754 ₎	24	4-7803	
	Name of F		at (_		& Daytime Te	elephone Number	
Enclos	ed is a check for the	following amount:					
\$25	5.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	Cert	O Filing Fee & ified Copy itional copy i		\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
		G ADDRESS:			I/COURIER	ADDRESS:	

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CC&G Financial	<u>l Group, LL</u>	C		
(<u>Name of the Limited Liability Compan</u> (A Florida Limited Li	y as it now appe ability Company	ars on our records.)		
The Articles of Organization for this Limited Liability Company vi Florida document numberL09000025702		March 16th 2009	and assign	ned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabil	lity company ho	e <u>re</u> :		
The new name must be distinguishable and end with the words "Limite "L.L.C."	ed Liability Com	pany," the designation "	LLC" or the abb	reviation
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 here:		our records, enter	the name of t	the new
Name of New Registered Agent:			TAS 09	
New Registered Office Address:		'	CA O	
		inter Florida street ada , Florida	Sin Care	
New Registered Agent's Signature, if changing Registered Agent:	City		8: 03	O
				+ . 7

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 = Manager MGRM = Managing Member Address Type of Action Title Name MGR Craig Cohen 2331 SW. 15th Street # 36 ☐ Add Remove Deerfield Bch. FL. 33442 ☐ Add ☐ Remove ☐ Add Remove ∏Add Remove □Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) October 15th 2009 Dated ___ Signature of a member or authorized representative of a member Craig Cohen Typed or printed name of signee Page 2 of 2

Filing Fee: \$25.00