

From: PHOENIX LAW PARTNERS

239 461 0083

10/15/2009 14:39

#37 P.001/004

Division of Corporations

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**L09000037561**  
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Florida Department of State  
Division of Corporations  
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**L. SELLERS**

OCT 15 2009

**EXAMINER**

To: Division of Corporations  
Fax Number : (850) 617-6383

From: Account Name : PHOENIX LAW P.A.  
Account Number : I20030000088  
Phone : (239) 461-0024  
Fax Number : (239) 461-0083

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN**

**C & C VINTAGE LLC**

Certificate of Status	1
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**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: C & C Vintage 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:

**Noelle M. Melanson, Esq.**  
Name of Person

---

**Phoenix Law PA**  
Firm/Company

---

**12800 University Drive, Suite 260**  
Address

---

**Fort Myers, FL 33907**  
City/State and Zip Code

---

**nm@corporationcounsel.com**  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**Debbie Miller** at ( **239** ) **461-0101**  
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- \$25.00 Filing Fee
- \$30.00 Filing Fee & Certificate of Status
- \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$60.00 Filing Fee, Certificate of Status & 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

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ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

C & C Vintage LLC

(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 April 20, 2009 and assigned  
Florida document number L09000037561.

This amendment is submitted to amend the following:

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

C & C Taxi Of Lehigh LCC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "L.L.C." 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:

Noelle M. Melanson, Esq.

New Registered Office Address:

12800 University Drive, Suite 260

*Enter Florida street address*

Fort Myers

Florida

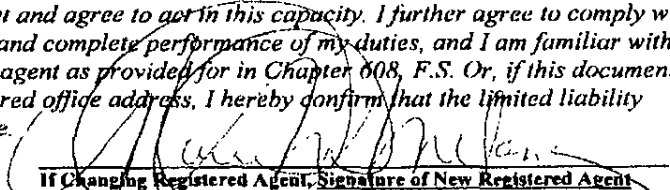
33907

*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*

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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

Table with 4 columns: Title, Name, Address, Type of Action. Each row has checkboxes for Add and Remove.

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Blank lines for entering additional information.

Dated October 14, 2009

Alexandra Clarkson (handwritten signature)

Signature of a member or authorized representative of a member

Alexandra Clarkson, Manager

Typed or printed name of signee

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Filing Fee: \$25.00

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