

L09000100775

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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10 APR 21 AM 8:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. BRYAN

APR 22 2009

EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 15, 2010

VINCENT F. VACCARELLA, ESQ.
VINCENT F. VACCARELLA, P.A.
18851 NE 29 AVENUE, SUITE 304
AVENTURA, FL 33180

SUBJECT: CBHC, LLC
Ref. Number: L09000100775

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10 APR 21 AM 8:15
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

We have received your document for CBHC, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You completed the wrong form

We are enclosing the proper form(s) with instructions for your convenience.

Please return 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) 245-6043.

Joey Bryan
Regulatory Specialist II

Letter Number: 110A00009292

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: CBHC, 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:

MICHAEL C. TAYLOR

Name of Person

CBHC, LLC

Firm/Company

2251 BLOUNT ROAD

Address

POMPANO BEACH, FL 33069

City/State and Zip Code

CFABER@CURRENTBUILDERS.COM

E-mail address: (to be used for future annual report notification)

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10 APR 21 AM 8:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

____ at (____) _____
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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

CBHC, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
10 APR 22 AM 8:15
CLERK OF STATE
TREASURY OF FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 10-19-09

Florida document number L09000100775

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 "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:

New Registered Office Address:

Enter Florida street address

_____, Florida _____
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

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:

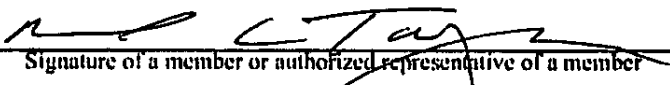
MGR = Manager
MGRM = Managing Member

Title	Name	Address	Type of Action
MGR	HENRY CRESPO, SR.	4952 NW 7 AVENUE MIAMI FL 33127	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated _____

FILED
 10 APR 21 AM 8:15
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA


 Signature of a member or authorized representative of a member
 MICHAEL C. TAYLOR
 Typed or printed name of signee