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2010 JUN-1 PH & 12
SECRETARY OF STATE
SECRETARY SEE. FLORIDA

C. LEWIS

JUN ,2 2010

**EXAMINER** 

## **COVER LETTER**

TO:	Registration Section Division of Corpor	n 🔏 ations	ų e	25 dan	*	<b>%</b>
•	ret ()	C 9 C Com	rices Delles	110		
SUBJI	ECT:		vices Dallas ted Liability Comp			
		Name of Limi	ted Liability Comp	rany		
The en	closed Articles of Am	endment and fce(s) are sub	mitted for filing.			
Please	return all corresponde	nce concerning this matter	to the following:			
	_		Joseph A. Po			
			Name of Pers	on	•	
		Jo	seph A. Porre			
			Firm/Compar	ıy		
	P.O. Box 450249					
	-		Address		,	
			Miami, FL 33	3245		
City/State and Zip Code				., <u>.</u> ,		
	_	F-mail address: (t	o be used for future	annual report notific	ation)	
For fur	ther information conc	erning this matter, please c		annan report nonne	<b></b>	
roi-iui	mer mormation conc	erning this matter, please c	aii.			
		A. Porrello	at (_305	) 3	74-0092	
	Name of Pe	rson	Are	ca Code & Daytime	Telephone Numbe	r
Enclos	ed is a check for the fo	ollowing amount:				
<b> ▼ \$25</b>	5.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Certified C (additional		Certified	te of Status &

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**

FILED

2010 JUN - 1 PM 18 18

SECRETARY OF STATE.

C	& C Services Dallas, LLC	<u>TALLAH</u>	ASSEE, FLORIDA
(Name of the Limited (A	Liability Company as it now appears Florida Limited Liability Company)	s on our records.)	
The Articles of Organization for this Limited Li Florida document numberL10000002	· · · · —	January 7, 2010	and assigned
This amendment is submitted to amend the following	owing:		
A. If amending name, enter the new name of	f the limited liability company here	<b>:</b> ·	
The new name must be distinguishable and end wit "L.L.C."	h the words "Limited Liability Compar	ny," the designation "	LLC" or the abbreviation
Enter new principal offices address, if applic	able:		
(Principal office address MUST BE A STREE	T ADDRESS)		
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE)	<u></u>		
B. If amending the registered agent and/or registered agent and/or the new registered of Name of New Registered Agent:		_	the name of the new
Name of New Registered Agent.	•		
New Registered Office Address:	12599 Northwest 107th Ave	nue er Florida street add	dress
	Medley	, Florida	33178
	City		Zip Code
New Registered Agent's Signature, if changing I	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 = M MGRM =	anager Managing Member		
<u>Title</u>	Name	Address	Type of Action
			Add Remove
			Add Remove
<del></del>			Add Remove
			Add Remove
			AddRemove
•			Add Remove
D. If amen	nding any other information, ente	er change(s) here: (Attach additional shee	ts, if necessary.)
<u>-</u>			
_			ZOIO JUN -1 SECRETAR TALLAHASS
Dated	may 25 _	,	m 🖷 🤠
	Signature of a	a member or authorized representative of a med Suzanna Fazekas Cancio	
		Typed or printed name of signee	12

Page 2 of 2

Filing Fee: \$25.00