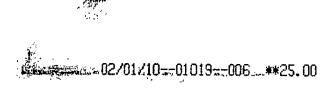
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T. CLINE

FEB - 2 2010

EXAMINER

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: <u>C3</u> Properties 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:
Jason Carducci
Name of Person
Firm/Company
120 Realth Ct Address
Fort Walten Boh, Fl 32547  City/State and Zip Code  jo Carducci Quahou.com  E-mail address: (to be used forfiture annual report notification)
in a series of the contract of
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
JAON Carduca at Eta 699-1028  Name of Person Area Code & Daytime Telephone Number
JASon Carduce at (Eta) 699-1028  Name of Person Area Code & Daytime Telephone Number
Name of Person  Area Code & Daytime Telephone Number  Enclosed is a check for the following amount:
\$25.00 Filing Fee  Certificate of Status  Certified Copy (additional copy is enclosed)  \$55.00 Filing Fee & S60.00 Filing Fee, 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

(3 Prop	erties LLC		
	ility Company as it now appears on da Limited Liability Company)	our records.)	
The Articles of Organization for this Limited Liability Florida document number <u>L10000010440</u>		and assigned	
This amendment is submitted to amend the following	<b>;</b> :		
A. If amending name, enter the new name of the	limited liability company here:		
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability Company,"	the designation "LLC" or the abbreviation	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET AD	DRESS)		
	***************************************		
		22 5	
Enter new mailing address, if applicable:	<del></del>	17-21 17	
(Mailing address MAY BE A POST OFFICE BOX)	<u>, , , , , , , , , , , , , , , , , , , </u>	The Later of the L	
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		70 -	
B. If amending the registered agent and/or re- registered agent and/or the new registered office a		records, enter the name of the new	
		X <sup>1</sup> ····	
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 amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	Name	Address	Type of Action
<u>mgrm</u>	JASON Carducci	120 Reduth Ct. Fortwalten Beh, FC 3250	Add  Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add' Remove
D. If amendi	ing any other information, enter change	e(s) here: (Attach additional sheets, if necessary.	) 影: 10
			** <b>**</b>
			<del></del>
*****			
Dated	AaC 3		
	<b>/</b>	or authorized representative of a member  Au CCF or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00