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SECRETARY OF STATE DIVISION OF CORPORATIO

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T. HAMPTON
SEP 1 6 2010
EXAMINER

## **COVER LETTER**

TO:	Division of Corporations
SUBJE	CT: CBC Group UC # L100000 \$1807
The end	losed Articles of Amendment and fee(s) are submitted for filing.
Please r	eturn all correspondence concerning this matter to the following:
	Charles w Marler Fr Name of Person
	CRC 61000 UC Firm/Company
	775 KIKMAN Pd Suite 115
	Orlando FL 32811  City/State and Zip Code
	E-mail address: (to be used for future annual report resulfication)
For furt	her information concerning this matter, please call:
	Name of Person  MCW Un at (407)  Area Code & Daytime Telephone Number
	d is a check for the following amount:
\$25.	00 Filing Fee \$\frac{1}{2}\$30.00 Filing Fee & \tag{\$\frac{1}{2}}\$55.00 Filing Fee & \tag{\$\frac{1}{2}}\$60.00 Filing Fee,  Certificate of Status & Certified Copy  (additional copy is enclosed)  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

CBC GIOUD	LLC			
(Name of the Limited Liability Company (A Florida Limited Lia	y as it now appo	ears on our records.)		
(A Florida Limited Lik		1.5		프
The Articles of Organization for this Limited Liability Company v	vere filed on	S/3/10	an <b>ai</b> ss	<u>≤</u> ∠ igned
			33	<u>≥</u> S
Florida document number <u>L 100000 51507</u> .			<del>-</del> 0	27
·			F	
This amendment is submitted to amend the following:			7	SEC SEC
A TO 11	** <b>.</b>		=	웃알
A. If amending name, enter the new name of the limited liabil	ity company n	<u>iere</u> :	<b>63</b>	₽₽
*			_	<u>@</u> €
The new name must be distinguishable and end with the words "Limite" L.L.C."	ed Liability Com	npany," the designation "	LLC" or the a	bbreviation
Enter new principal offices address, if applicable:				<del></del>
(Principal office address MUST BE A STREET ADDRESS)	775	Kirkmen Rd	Suite	115
	Oila	nd F1 30811	<b>\</b>	
			1	
Enter new mailing address, if applicable:				
• • • • • • • • • • • • • • • • • • • •				
(Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or registered offi	ice address or	our records, enter	the name o	f the new
registered agent and/or the new registered office address here	•			
Name of New Desistand Agents				
Name of New Registered Agent:	······			
New Registered Office Address:				
		Enter Florida street add	dress	
		, Florida		
\(	City		Zip Code	<del></del>

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, <u>enter the title</u>, <u>name</u>, <u>and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

MGRM = Managing Member **Type of Action Title Name Address** Charles w Marter Jr 1001 Harmony will Remove ☐ Add Remove ☐ Add Remove Remove ∏Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Please delete charles as refistered agent unless needed. Charles should be listed as managing member. Dated September 13th 201D Signature of a member or authorized representative of a member Charles W MOULE Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00