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J. SAULSBERRY EXAMINER OCT 13 2010

## **COVER LETTER**

TO:, Registration Section Division of Corporations			
SUBJECT: C4H Supply Solutions 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:			
CECELIA S. HICKS Name of Person	<del>-</del> .		
C &H Supply Solutions, LLC			
10461 INVERNESS DR. Address	-		
JACKSON VILLE FL 32257 City/State and Zip Code	IACI SE	201	
E-mail address: (to be used for future annual report notification)	A常	00 l	-11
For further information concerning this matter, please call:	TARY O	1121	
MEL HICKS at (904) 545-1098  Name of Person Area Code & Daytime Telephone Number	FLORIDS	2010 OCT 12 PH 3:54	Ö
Enclosed is a check for the following amount:			
(additional copy is enclosed) Certified	ite of Status		d)

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

	lutions LLC	<u> </u>			
( <u>Name of the Lifnited Lia</u> (A Flo	bility Company as it now apprinted Limited Liability Compan	y)			
The Articles of Organization for this Limited Liabi Florida document number \( \frac{\int 10000 /0Z \in 2}{\int 10000 /0Z \int 2} \)		9-30-2010	and assigned		
This amendment is submitted to amend the following	ng:				
A. If amending name, enter the new name of the	e limited liability company	<u>here</u> :			
The new name must be distinguishable and end with th "L.L.C."	e words "Limited Liability Cor	npany," the designation	"LLC" or the abbreviation		
Enter new principal offices address, if applicable	o:		***		
(Principal office address MUST BE A STREET A	DDRESS)		<del></del>		
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX  B. If amending the registered agent and/or r		n our records enter	OR OCT 12 PH 3: 54 of the new than the new the new than t		
registered agent and/or the new registered office	address here:	a our records, <u>enter</u>	the name of the new		
Name of New Registered Agent:					
New Registered Office Address:			11		
	Enter Florida street address				
_	City	, Florida _	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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Cecelia Hicks	10461 Inverness Drive Jacksonville, FI 32257	Add ☐ Remove
			Add Remove
			Add Remove
	·		Add Remove
·	· .		Add Remove
			Add Remove
D. If amend	ing any other information, enter change	(s) here: (Attach additional sheets, if necessar)	FIL 2010 OCT 12
		E.F.ORIDA	PH 3: 54
 Dated	· · · · · · · · · · · · · · · · · · ·	·	
	Cecelia:	J. H. W.  or authorized representative of a member  S. H. cks  or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00