110000130604

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J. SAULSBERRY EXAMINER

FEB 7 2013

COVER LETTER

TO: Registration S Division of Co					
SUBJECT:	C & C Inv	vestments, LLC.			
	Name of Limi	ted Liability Company	· · · · · · · · · · · · · · · · · · ·		
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.			
Please return all corresp	ondence concerning this matter	to the following:			
		Rene F. Leoncio			
		Name of Person			
		ncio & Associates, LLC.			
		Firm/Company			
	8302 North	west 103rd Street, Suite	# 106		
		Address		- ~ ~	
	Hialas	ah Gardene Florida 3301	6	2013 FEB -6	
Hialeah Gardens, Florida 33016 City/State and Zip Code rleoncio@bellsouth.net		0		-	
		eoncio@bellsouth.net		10 to	1
	E-mail address: (to be used for future annual report no	tification)		t
For further information	concerning this matter, please of	eall:		AM & 30	7
Re	ne F. Leoncio	at (305)	558-1700	通 押 30	
Name	of Person		ime Telephone Number		
Enclosed is a check for	the following amount:				
\$25.00 Filing Fee \$Certificate of Status		\$55.00 Filing Fee & Certified Copy (additional copy is enclose	sed) Certified C	of Status &	
	LING ADDRESS:	STREET/COU Registration Sec	RIER ADDRESS:		

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

C & C Investi	ments, LLC.	
(Name of the Limited Liability Compa (A Florida Limited L	iny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document numberL10000130604	-6 -6 F	7
This amendment is submitted to amend the following:		7
A. If amending name, enter the new name of the limited liab	pility company here:	/m /=
Cash Flow Ho	omes, LLC.	
The new name must be distinguishable and end with the words "Limi "L.L.C."	ited Liability Company," the designation "LLC" or the abbreviat	ion
Enter new principal offices address, if applicable:	16485 Collins Avenue	_
(Principal office address MUST BE A STREET ADDRESS)	Apt. 1935	_
	Sunny Isles Beach, Florida 33160	-
Enter new mailing address, if applicable:	16485 Collins Avenue	_
(Mailing address MAY BE A POST OFFICE BOX)	Apt. 1935	_
	Sunny Isles Beach, Florida 33160	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her Name of New Registered Agent: New Registered Office Address:		<u>ew</u> -
	, 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 .	<u>Name</u>	Address	Type of Action
MGRM	Camilo Palacio	16485 Collins Avenue Apt. 1935 Sunny Isles Beach, Florida 33160	
MGR	Camilo Gomez	6225 SW 125th Terrace Ocala, Florida 34481	
MGR	Michelle Paez	16485 Collins Avenue Apt. 1935 Sunny Isles Beach, Florida 33160	Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amen	ding any other information, ente	er change(s) here: (Attach additional sheets, if necessary	FILED 2013 FEB - 6 AM 8 30 TATE AND SET IN LINE TO THE TABLE OF
Dated	February 1st Signature of a	a momber of authorized representative of a member Camilo Palacio	<u> </u>
		Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00