

L11000065205

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

(Business Entity Name)

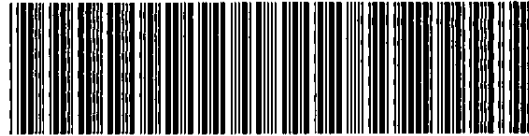
(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

D. BRUCE

JUN 28 2011

EXAMINER

Chad T. Orsatti,  
J.D., M.B.A.

of Counsel:  
David J. Wollinka, Esq.

**ORSATTI**  
**& ASSOCIATES, P.A.**  
**ATTORNEYS AT LAW**

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www.orsattilaw.com

June 21, 2011

Registration Section  
Division of Corporations  
Post Office Box 6237  
Tallahassee, Florida 32314

RE: CCEL Properties, LLC

Dear Sir or Madam:

Enclosed please find the following:

1. Articles of Amendment to Articles of Organization of CCEL Properties, LLC
2. Check No. 3965 in the amount of \$25.00

Please file the enclosed Articles of Organization for the above-referenced limited liability company and kindly provide written confirmation of the filings to my office at your earliest opportunity. Check No. 3965 is also enclosed herewith for the filing fee.

If you are in need of any further information, please do not hesitate to contact me.

Thank you for your assistance.

Sincerely,



Chad T. Orsatti, Esq.

CTO/efc

Enclosures

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TALLAHASSEE, FLORIDA

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

**CCEL PROPERTIES, LLC**

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on June 3, 2011 and assigned  
Florida document number L11000065205.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

P.O. Box 310

Tarpon Springs, Florida 34688

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SECRETARY OF STATE

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

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 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

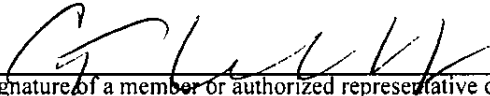
MGRM = Managing Member

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u>   |
|--------------|-------------|----------------|---|
|              |             |                | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove |
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Dated 6/21, 2011.

  
 Signature of a member or authorized representative of a member  
Chad T. Orsatti  
 Typed or printed name of signee

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