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T. HAMPTON

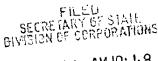
COVER LETTER

TO: Registration Sec Division of Corp						
SUBJECT:	H.com LLC					
SUBJECT: CH. com LLC Name of Limited Liability Company						
The enclosed Articles of A	mendment and fee(s) are submitted for filing.					
Please return all correspon	dence concerning this matter to the following:					
	Anthony Cormier					
	/ Name of Person					
	Firm/Company					
	3910 and Aug N Address					
	Address					
	St. Petersburg FL 33713 City/State and Zip Code					
	E-mail address: (to be used for future annual report notification)					
For further information con	ncerning this matter, please call:					
Anthony 6	Person at (727) 320-243 Area Code & Daytime Telephone Number					
Enclosed is a check for the	following amount:					
\$25.00 Filing Fee	\$30.00 Filing Fee & S55.00 Filing Fee & S60.00 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



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C4com LLC			
(Name of the Limited Liability Compan (A Florida Limited Liability Compan)	y as it now appears on o ability Company)	ur records.)	
The Articles of Organization for this Limited Liability Company v. Florida document number <u>112000095372</u> .			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabil	ity company here:		
C4 Auto Wroos L	LC		
The new name must be distinguishable and end with the words "Limite" L.L.C."	ed Liability Company," ti	he designation "LLC" or the abbreviation	
Enter new principal offices address, if applicable:	-3910=2-m		
(Principal office address MUST BE A STREET ADDRESS)	\longrightarrow	A	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		Δ.	
B. If amending the registered agent and/or registered office address here		ecords, <u>enter the name of the new</u>	
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

<u>litle</u>	<u>Name</u>	Address	Type of Action
			Add Remove
	***************************************		Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
). If amend	ling any other information, enter chang	ge(s) here: (Attach additional sheets, if necessary.)	BIWISION OF COR 12 OCT 18 A
 Dated	september 24th, 20	/ <u>L</u> .	AM 10: 48
	10	r or authorized representative of a member	

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Filing Fee: \$25.00