Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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(((H13000225073 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LEGALZOOM.COM INC.

Account Number : I20010000062

Phone : (323)962-8600 Fax Number : (323)962-3889

**Enter the email address for this business entity to be used for gut annual report mailings. Enter only one email address

Email Address:

13 OCT -9

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN CHARLENE HIXON DESIGNS LLC

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Corporate Filing Menu

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OCT 1 0 2013

10/9/2013

T. BROWN

234467473 From: Tony Burrough

10/08/2013 08:12 FAX 3302874771

CCF Radiology

20005/0007

COVER LETTER

O: Registration Section Division of Corporations						
UBJECT: CHARLENE HIXON DESIGNS LLC						
(Name of Limited Liability Company)						
he enclosed Articles of Amendment and fee(s) are submitted for filing.						
Please return all correspondence concerning this matter to the following:						
Imelda Vasquez						
(Name of Person)						
Legalzoom.com, Inc.						
(Firm/Company)						
100 W. Broadway Suite 100						
(Address)						
Glendale, CA 91210						
(City/State and Zip Code)						
or further information concerning this matter, please call:						
melda Vasquez at (323) 962-8600 ext 7950						
(Name of Person) (Area Code & Daytime Telephone Number)						
nclosed is a check for the following amount:						
\$25.00 Filing Fee \$\sum \\$55.00 Filing Fee & \$\sum \\$60.00 Filing Fee,						

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

Certificate of Status

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(additional copy is enclosed)

Certified Copy

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 10/08/2013 06:13 FAX 3302874771

CCF Radiology

20006/0007

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ARTICLES OF ORGANIZATIO
OF

THIO: US

CHARLENE HIXON DESIGNS 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 04/15/2013 Florida document number L13000054429

and assigned

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 "LLC."

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)

10/08/2013 06:13 FAX 3302874771

CCF Radiology

20007/0007

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 = N MGRM =	Manager ≃ Managing Member			
<u>Title</u>	<u>Name</u>	<u>Address</u>	Address	
MGRM	Charlene Hixon	14525 SPOTTED SAND WINTER GARDEN FL	14525 SPOTTED SANDPIPER BLVD. WINTER GARDEN FL 34787	
MGRM	Charlene Hixon	4148 Sapphire Court Medina OH	44256	Add Remove
				Add Remove
***************************************				Add Remove
				Add Remove
				Add Remove
D. If amo	ending any other information, ent	er change(s) here: (Attach additional she	ets, if necessary.)	
·				
Dated 10	0/09/2013 	lales Hi		
	Signature of a	a member or authorized representative of a m	ember	

Charlene Hixon

Typed or printed name of signee

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Filing Fee: \$25.00