## 13000090560

(Requ	estor's Name)	
(Addre	ess)	
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J. SAULSBERFY EXAMINER

AUG 15 2013

## **COVER LETTER**

TO: Registration Se Division of Cor		
SUBJECT:	Name of Limited Liability Company	
The enclosed Articles of	Amendment and fee(s) are submitted for filing.	
Please return all correspo	ndence concerning this matter to the following:	
	John N Baschieri	
	Name of Person	•
	C and C Title LLC	
	Firm/Company	•
	3507 Lee Blvd, Ste 220	
	Address	29
	Lehigh Acres, Fl 33971	2013 AUG 13
	City/State and Zip Code	
	leeforeclosures@gmail.com  E-mail address: (to be used for future annual report notification)	7 - Zm
For further information c	oncerning this matter, please call:	3 RM 8: 42 
Melissa Pe	terson <sub>at (</sub> 239 <sub>)</sub> 229 2566	Pr N
Name o		<del></del>
Enclosed is a check for the	ne following amount:	
□ \$25.00 Filing Fee	(additional copy is enclosed) Certifie	ate of Status &

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

C and C Title LLC				
(Name of the Limited Liability C (A Florida Lin	Company as it now appears on our r nited Liability Company)	ecords.)		
The Articles of Organization for this Limited Liability Con	npany were filed on 6/24/13		and assigned	
Florida document number L13000090560				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limite	d liability company here:			
The new name must be distinguishable and end with the words 'L.L.C."	"Limited Liability Company," the de	esignation "LLC"	or the abbrev	 iatio
Enter new principal offices address, if applicable:			<u> </u>	
Principal office address MUST BE A STREET ADDRE.	SS)		<u> </u>	
			100	
			<u> </u>	
Enter new mailing address, if applicable:			E	
(Mailing address MAY BE A POST OFFICE BOX)		:- :,3		
Muning university I BE A POST OF FICE BOX)	<del></del>		<u>ଓ:</u> \$2	—
		· · · · · · · · · · · · · · · · · · ·	<u>N</u>	
B. If amending the registered agent and/or register		ds, enter the n	name of the	ne
registered agent and/or the new registered office addres	ss here:			
Name of New Registered Agent:				
New Registered Office Address:	Enter Florid	a street address		
	isher Prortac	जनस्य प्रवास्था		
	City	Florida	in Code	—
	1 1111	/ /	$\mathbf{D} \in OOD$	

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 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>	Name	Address <u>T</u>	ype of Action
MGRM	Aaron Baschieri	3507 Lee Blvd, Ste 230	Add
		Lehigh Acres, FL 33971	
			Add
			Remove
		1 120 1 120 1 121	Add
			Add Remove
		2-	Remove
			Add
			Remove
	<u>-</u>		Add
			Remove

Q. If amending any other informa	ation, enter change(s) here: (Attach additional sheets, if necessary.)
Dated August 12	2013
On	
	gnature of a member or authorized representative of a member
Jøbr N Baschi	eri, Managing Member
	Typed or printed name of signee
	Page 3 of 3

Filing Fee: \$25.00

2013 AUS 13 AM 8: 42