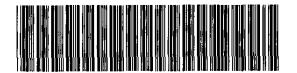
L17000177667

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COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT

C2 ACQUISITIONS, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

DON LEMASTUS

Name of Person

C2 ACQUISITIONS, LLC

Firm/Company

850 CONCOURSE PARKWAY SOUTH, SUITE 120

Address

MAITLAND, FL 32751

City/State and Zip Code

DON@THEBRIGHTWATERGROUP.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DON LEMASTUS

Name of Person

,321,800-71693

Area Cod

Daytime Telephone Number

Enclosed is a check for the following amount:

■ \$25.00 Filing Fee

☐ \$30.00 Filing Fee & Certificate of Status

□ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

□ \$60.00 Filing Fee, Certificate of Status & 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

C2 ACQUISITIONS, LLC			
(Name of the Limite	d Liability Company as it n A Florida Limited Liability C	i <mark>ow appears on our records</mark> Company)	<u>s.</u>)
The Articles of Organization for this Limited Lia Florida document number L13000173063 This amendment is submitted to amend the follo A. If amending name, enter the new name of	ability Company were file	led on DECEMBER	
A. If antending name, enter the new name of	the minited habinty cor	npany nere:	
The new name must be distinguishable and end with the w	vords "Limited Liability Com	ipany," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applica	ıble:		
(Principal office address MUST BE A STREET			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE E	<u> </u>		
B. If amending the registered agent and/or registered agent and/or the new registered off		dress on our records	, enter the name of the nev
Name of New Registered Agent:	C21 HOLDINGS,	INC	
New Registered Office Address:	850 CONCOURS	E PARKWAY SOU	
		Enter Florida street address	
	MAITLAND	, Flo	orida 32751 Z
New Registered Agent's Signature, if changing Re	City egistered Agent:		O-Zip Code
I hereby accept the appointment as registered provisions of all statutes relative to the prope accept the obligations of my position as regist being filed to merely reflect a change in the re company has been notified in writing of this c	r and complete perforn tered agent as provide egistered office add <u>res.</u>	nance of my duties, an d for in Chapter 605, I	d I am familiar with and F.S. Or, if this document is

Page 1 of 3

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Manager

T:41.	Nome	Adduses	Tune of Action
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	C21 HOLDINGS, INC	850 CONCOURSE PARKWAY SOUTH, SUITE 120, MAITLAND, FL, 32751	_ ■ Add
		OMNI RESOURCE GROUP, INC.	_ ■ Remove
		.	_
			_□ Add
			_□ Remove
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			□ Remove

D.	If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Ξ.	Effective date, if other than the date of filing:
	Dated JUNE 3 . 2014
	- Aur
	Signature of a member of authorized representative of a member DON LEMASTUS MGR OF CHAIR POSS. GROWN, INC. Typed or printed name of single

Page 3 of 3

Filing Fee: \$25.00