140000766

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nan	ne)
(De	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



700274269007

06/25/15--01014--018 **55.00



JUN 2 6 2015

S. YOUNG

COVER LETTER

SUBJECT: CC of Nort	h Brandon		
SUBJECT: GOOLHOU		ited Liability Company	
	Amendment and fee(s) are sub ondence concerning this matter	_	
	Jessica Caporale		
		Name of Person	
	CC of Plant City		
		Firm/Company	
	4409 Hill Drive		SE SE
		Address	
	Valrico, FL 33596		
		City/State and Zip Code	型图 至 5
	jessica3caporale@gmail.cor E-mail address: (n to be used for future annual report notif	Traction) R 2 43
For further information c	oncerning this matter, please ca	all:	
Jessica Caporale		at (813) 523-9065	
	f Person		Telephone Number
Enclosed is a check for the	he 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)
	ING ADDRESS:	STREET/COURI	

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

Registration Section Division of Corporations

*T0:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

TO ARTICLES OF ORGANIZATION

CC of North Brandon (Name of the Limited Liability Company as it now appears on our records.) The Articles of Organization for this Limited Liability Company were filed on 5/2014 and assigned Florida document number L14000076616 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: CC of Plant City LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: 4409 Hill Drive (Principal office address MUST BE A STREET ADDRESS) Valrico, FL 33596 Enter new mailing address, if applicable: 4409 Hill Drive Valrico, FL 33596 (Mailing address MAY BE A POST OFFICE BOX) 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

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 605, 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

<u>or removed fi</u>	rom our records:	anago, <u>onto titio titioj namoj ang agailoso ot sasit</u>	DUIDOIT DUING RAGOR
MGR = Ma AMBR = Au	nager thorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			Remove
			Change
	· 		□ Add
			□ Remove
			Change
		AE AE	☐ Add
		を (外記) (対で (日)(で)	Remove 25 Change
		(100 (37) (41)	Change PR □ Add
			_□ Remove
			_□ Change
			□ Add
			_□ Remove
			Change
			_□ Add
			_□ Remove
			_□ Change

r				·			
				-, 			_
- 							
-							
							<u>.</u>
							<u>-</u> _
							
					三	ि जे	
							— 11
<u> </u>					92	Ö NO	
						<u> </u>	ĦD
		·			771 771 7112		
					<u> </u>	# <u>&</u>	
fective date, i	if other than the date is listed, the date must be s	of filing:	be prior to date of	filing or more than 9	(optional)		o 605.02
ote: If the date	e inserted in this block d ctive date on the Depart	oes not meet the	e applicable stat	utory filing require	ments, this date w	ill not be	e listed a
	cifies a delayed efforty y after the record		but not an ef	fective time, at	: 12:01 a.m. o	n the e	arlier c
ated June 12		2015					
	Sign	ture of a member	or authorized rep	resentative of a mem	ber		_
	17	_					

Page 3 of 3

Filing Fee: \$25.00