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## **COVER LETTER**

Division of Cor	porations		
JBJECT:	M. KAN	EAIY LLC	
	Name of Lim	EALY LUC lited Liability Company	
e enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
ase return all correspo	ndence concerning this matter	to the following:	
	Michae	Name of Person	
	5,6		
	ÞØ	ENLY LLC Firm/Company  Champagne DR.	
	بو	Address  ARDEN FL 34787  City/State and Zin Code	
	No. 1	CHYSTALY9 @ Amail . ( to be used for future annual report notif	
further information e	oncerning this matter, please ca		cation)
Michae	1 Kenealy	at (2301) 20 287	-5354
Name o	f Person	Area Code Daytime	Telephone Number
flosed is a check for the	ne following amount:		
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	■ \$60.00 Filing Fee. Certificate of Status & Certified Copy

MAILING ADDRESS:

TO:

**Registration Section** 

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

M. KENEALY LLC			
( <u>Name of the Limited Liability Compar</u> (A Florida Limited L	iv as it now appea iability Company)	rs on our records.)	
The Articles of Organization for this Limited Liability Company of Florida document number	were filed on	05/13/2011	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabil	lity company h	<u>ere</u> :	
CCP L.L.C.			
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the	designation "LLC" or the al	obreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered offregistered agent and/or the new registered office address here	ice address of	n our records, <u>enter</u>	SECRE JUL -5 AP TO the new
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Flo	rida street address	
		Florida	
	City		Zip Code
New Registered Agent's Signature, if changing Registered Agent:			
l hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete p			

If Changing Registered Agent, Signature of New Registered Agent

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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person\_being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	<u>Address</u>	Type of Action
MGR	Berit Kenealy	17749 Champagne Drive Winter Garden El 34787	
			□ Remove
		Change in Title	☐ Change
AMBR	Michael S. Kenealy	17749 Champagne Drive Winter Garden Ft. 34787	
			□ Remove
		Change in Tiltle	■ Change
			☐ Remove
			Change
			□ Remove
			☐ Change
			□ Adá
			☐ Remove
			Change
			□ Add
			☐ Remove
			□ Change

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ective date, if other than the one effective date is listed, the date must te: If the date inserted in this blocument's effective date on the De	ck does not meet the applical	o date of filing or more than 9 ole statutory filing require	(optional) 0 days after filing.) Pursuant to 605.0207 ments, this date will not be listed as
record specifies a delayed he 90th day after the reco	effective date, but not rd is filed.	an effective time, at	12:01 a.m. on the earlier of
ed	2019	_•	
	~(		
Michael	Signature of a member or author		

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Filing Fee: \$25.00