# LACCOOLO8335

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(Add	dress)	
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(City	y/State/Zip/Phone	<del>;</del> #)
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SECRETARY OF STATE
TALL A HASSEF, FLORIDA

MILT TA BORE

#### **COVER LETTER**

TO:

Registration Section
Division of Corporations

SUBJECT:

### CCB HOMES & ENTERTAINMENT 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:

#### REDA BERRADA

Name of Person

#### **CCB HOMES & ENTERTAINMENT LLC**

Firm/Company

#### 9117 OUTLOOK ROCK TRAIL

Address

## WINDERMERE, FL 34786

City/State and Zip Code

#### REDABA10@HOTMAIL.COM

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

For further information concerning this matter, please call:

#### REDA BERRADA

Name of Person

,407,230-2002

Area Code & 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

CCB HOMES LLC				
(Name of the Limited Liability Com (A Florida Limite	pany as it now appears on d Liability Company)	our record	<u>ls.</u> )	
The Articles of Organization for this Limited Liability Compa Florida document number <u>L1200008335</u> .	iny were filed on 01/18/	12		and assigned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited li	ability company here:			
CCB HOMES & ENTERTAINMENT LLC				
The new name must be distinguishable and end with the words "L "L.L.C."	imited Liability Company,"	the designa	ıtion "LL	.C" or the abbreviation
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)	<u></u>			
Enter new mailing address, if applicable:		TAL BE	- 23	
(Mailing address MAY BE A POST OFFICE BOX)			J 210	
		HASSE	3	
B. If amending the registered agent and/or registered registered agent and/or the new registered office address !		records: 6	enter th	e maine of the nev
registered agent and/or the new registered office address i	1010.	F STATE	₽	U 🐒
Name of New Registered Agent:		DA T	<b>S</b>	
New Registered Office Address:				
	Enter I	lorida str	zet addr	ess
		, Flor	ida	
	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 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 = 1	Managing Member		
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			Add
			Remove
		<u> </u>	
<del></del>			Add
			Remove
			Kelilove
			Add
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7/8	. 2015		
Sign		$\bigvee$	

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SECRETARY OF STATE TALLAHASSEE, FLORIDA