

U13000097504

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300251476503

09/09/13--01025--017 **25.00

FILED
2013 SEP -9 PM 4:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SEP 10 2013

D. BRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **CCP945, LLP**

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:

Susan K. Robin, Esq.

Name of Person

Robin Law, P.A.

Firm/Company

18305 Biscayne Blvd., Suite 302

Address

Aventura, FL 33160

City/State and Zip Code

saragovia@aol.com

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

For further information concerning this matter, please call:

Susan K. Robin, Esq.

Name of Person

at **305 206-8224**

Area Code & Daytime Telephone Number

FILED
2018 SEP -9 PM 4:31
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

CCP945, LLP

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on July 9, 2013 and assigned
Florida document number L13000097504.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

CCP943, LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "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)

FILED
2013 SEP - 9 PM 4:31
CLERK OF STATE
TALLAHASSEE FLORIDA

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

Florida

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 Changing Registered Agent, Signature of New Registered Agent

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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

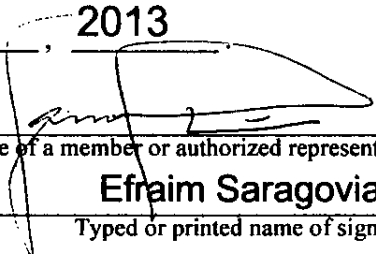
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2008 SEP 19 PM 4:31
FILED

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated **August 12**

, **2013**


Signature of a member or authorized representative of a member

Efraim Saragovia

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

FILED
2009 SEP -9 PM 4:31
CLERK OF STATE
TALLAHASSEE FLORIDA