

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: CCL ENTERPRISES, 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:

CARLOS ORAMAS
Name of Person

CCL ENTERPRISES, LLC.
Firm/Company

13056 SUN ROAD
Address

BROOKSVILLE, FL 34613
City/State and Zip Code

CARMEN@COZYCLIMATE.COM
E-mail address: (to be used for future annual report notification)

FILED
16 FEB 16 PM 4:51
OFFICE OF THE STATE
SECRETARY
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

CARLOS ORAMAS at (352) 597-9180
Name of Person 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

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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
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RECEIVED
 FEB 10 11 53 AM '08
 STATE OF CALIFORNIA
 DEPARTMENT OF REVENUE

