## 114000072780

(Re	questor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



200314044682

06/04/18--61693--697 \*\*25.3

18 IIIN -L PH 3: 43

N COOPER JUN 0 5 2018

## **COVER LETTER**

	gistration Sect ision of Corpo			
CUDIECT.		AN ENTERPRISES LLC		
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed	l Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please return	all correspond	lence concerning this matter	to the following:	
		CHARLES R FAUST JR		
			Name of Person	
		CC AMERICAN ENTERE	PRISES LLC	
			Name of Limited Liability Company  ad fee(s) are submitted for filing, ning this matter to the following:  S.R. FAUST JR  Name of Person  SICAN ENTERPRISES LLC  Firm/Company  1th Ave  Address  ark, FL 33334  City/State and Zip Code  E-mail address: (to be used for future annual report notification)  matter, please call:  at (	
		4630 NE 11th Ave		
			Address	
		Oakland Park, FL 33334		
			City/State and Zip Code	
		E-mail address; (	to be used for future annual report notif	ication)
For further is	ntormation cor	cerning this matter, please co	all:	
CHARLES	R FAUST JR		954 937-1488	
	Name of f	erson	Area Code Daytime	Telephone Number
Enclosed is	a check for the	following amount:		
■ \$25.00 F	filing Fee	☐ \$30.00 Filing Fee & Certificate of Status		

MAILING ADDRESS:

TO:

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

CC AMERICAN ENTERPRISES LLC	
(Name of the Limited Liability (A Florida L	Company as it now appears on our records.) amited Liability Company)
The Articles of Organization for this Limited Liability Cor	mpany were filed on 04/28/2014 and assigned
Florida document number L14000072780	-
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limite	ed liability company here:
The new name must be distinguishable and contain the words "Limite	ed 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 ADDRE	<u> </u>
	<b>86</b> 718.55 Section 1987
	NO. S. C. S.
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	3: 3: A
	3: A I C
	<b></b>
B. If amending the registered agent and/or register registered agent and/or the new registered office addres	red office address on our records, enter the name of the neess here:
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	City Zin 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 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

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>	Address	Type of Action
AMBR	KAREN K FAUST	14 SARNAC RD	
		SEA RANCH LAKES, FL 33308	■ Remove
			☐ Change
			Remove
			Change
			Add
			☐ Remove
			Change
			🗅 Add
		<del></del>	Remove
			☐ Change
			□ Add
			□ Remove
			Change
		<del></del>	Add
			□ Remove
			☐ Change

·						
			•			
			•			
-	<del>.</del>	<del></del>				
		· · ·				
· · · · · · · · · · · · · · · · · · ·						<del>- 6</del>
<u> </u>						<u>+</u>
						70
					· · · · · · · · · · · · · · · · · · ·	PM 3: 43
<del></del>						<del>_</del>
						ω,
		<del></del>	·			
factive date if	other than the date	of filings			(antianal)	
n effective date is l	isted, the date must be s	pecific and cannot	be prior to date o	filing or more than 9	(optional) 00 days after filing.) Pur	suant to 605,02
	iserted in this block over date on the Depart			utory filing require	ements, this date will	not be listed:
		e or orace 3	, , ,			
record specif	fies a delayed eff	ective date	hut not an ef	fective time lat	- 12:01 a.m. on	the earlier
	after the record		out not an ci	receive cirrie, a	12.01 0	the come
ted MAY 26	<u>, , , , , , , , , , , , , , , , , , , </u>	201	8 			

Page 3 of 3

Filing Fee: \$25.00

Typed or printed name of signee