

L14000166411

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

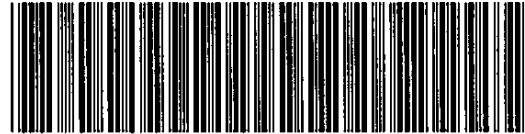
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
2015 DEC 30 PM 12:37
CLERK OF COURT
CLERK OF COURT

K. SALY
EXAMINER

JAN - 4 2016

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: C & C Processing Services, 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:

Holly Carroll

Name of Person

C & C Processing Services, LLC

Firm/Company

448960 US Highway 301

Address

Callahan, FL 32011

City/State and Zip Code

ncarroll23@yahoo.com

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

For further information concerning this matter, please call:

Holly Carroll

904

at ()

333-9734

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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

C & C Processing Services, LLC

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

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CLERK OF CIRCUIT COURT
JACKSONVILLE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on October 24, 2014 and assigned
Florida document number L14000166411.

This amendment is submitted to amend the following:

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

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

448960 US Highway 301

(Principal office address MUST BE A STREET ADDRESS)

Callahan, FL 32011

Enter new mailing address, if applicable:

448960 US Highway 301

(Mailing address MAY BE A POST OFFICE BOX)

Callahan, FL 32011

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:

Holly Carroll

New Registered Office Address:

448960 US Highway 301

Enter Florida street address

Callahan

City

Florida 32011

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 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>	<u>Address</u>	<u>Type of Action</u>
AMBR	James F. Moore	2338 Cool Springs Dr N	<input type="checkbox"/> Add
		Jacksonville, FL 32246	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Holly Carroll	448960 US Highway 301	<input checked="" type="checkbox"/> Add
		Callahan, FL 32011	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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FBI JACKSONVILLE

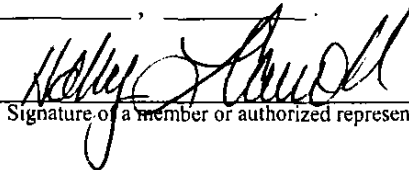
D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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DEPARTMENT OF PUBLIC SAFETY
STATE OF CONNECTICUT

E. Effective date, if other than the date of filing: December 27, 2015 (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated December 18, 2015



Signature of a member or authorized representative of a member

Holly Carroll

Typed or printed name of signee