

L15000154760

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

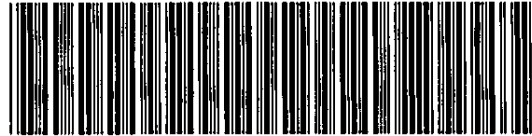
(Business Entity Name)

(Document Number)

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2015 NOV 25 P 4:54

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BRUCE

COVER LETTER

**TO: Registration Section ,
Division of Corporations**

SUBJECT: CCD4 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:

CHARLES KNOBEL ULRYCH

Name of Person

CCD4 LLC

Firm/Company

6925 LAKE ELLENOR DRIVE SUITE 101

Address

ORLANDO, FL 32809

City/State and Zip Code

bookkeeping@drimsolutions.com

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

For further information concerning this matter, please call:

DIOGO PASSOS

at (**407**) **544-3244**

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" 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

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TALLAHASSEE, FL
SECRETARY OF STATE

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

CCD4 LLC

(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 09/09/2015 and assigned
Florida document number L15000154760.

This amendment is submitted to amend the following:

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

N/A

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:

(Principal office address MUST BE A STREET ADDRESS)

6925 LAKE ELLENOR DRIVE, SUITE 101

ORLANDO, FL 32809

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

6925 LAKE ELLENOR DRIVE, SUITE 101

ORLANDO, FL 32809

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:

GOLDEN HILLS SERVICES, INC.

New Registered Office Address:

6925 LAKE ELLENOR DRIVE, SUITE 101

Enter Florida street address

ORLANDO

, Florida 32809

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 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>
MGR	CHARLES KNOBEL ULRYCH	6925 Lake Ellenor Dr. Suite 101, Orlando, FL 32809	<input type="checkbox"/> Add <input type="checkbox"/> Remove <input checked="" type="checkbox"/> Change
MGR	Juliana Matuck Pereira Ulrych	6925 Lake Ellenor Dr. Suite 101, Orlando, FL 32809	<input type="checkbox"/> Add <input type="checkbox"/> Remove <input checked="" type="checkbox"/> Change
	N/A		<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
	N/A		<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
	N/A		<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
	N/A		<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change

2016 NOV 2
10:54
FEDERAL BUREAU OF INVESTIGATION
U.S. DEPARTMENT OF JUSTICE

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

N/A

REC'D
FBI
NOV 25 PM 4:54
SAC, NEW YORK
ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED
DATE 11-25-2015 BY 60322
UCBAW

E. Effective date, if other than the date of filing: _____ (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 ORLANDO, NOVEMBER 20

2015

Signature of a member or authorized representative of a member

DIOGO PASSOS

Typed or printed name of signee