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(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAY 10 2016

Y SULKER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: C&C Windows and Doors, 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:

Camila Escobar
Name of Person

Firm/Company

907 Cristelle Jean Drive
Address

Ruskin, FL 33570
City/State and Zip Code

escobarc718@hotmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Camila Escobar at (727) 709-4241
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

C&C Windows and Doors, LLC

Page 1 of 3

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	Carlos A. Bello	32511 Quiet Harbor Ave.	<input type="checkbox"/> Add
		APT. 203 Leesburg, FL	<input checked="" type="checkbox"/> Remove
		34788	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

Remove the email address carlosalfonso bello78@gmail.com
from your records, replacing them with escobarc718@hotmail.com

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TALLAHASSEE, FLORIDA

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 5/2/16, _____.



Signature of a member or authorized representative of a member

Camila C. Escobar

Typed or printed name of signee