

116000016571

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

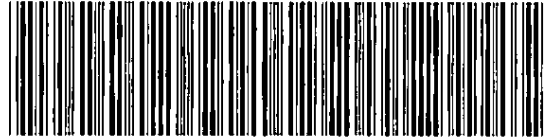
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DATE 11/25/24 BY 60324

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: UPDATE REGISTER AGENT AND OFFICERS  
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:

JOHNNY DUNCAN

Name of Person

CNC BASIS LLC

Firm/Company

146 SW PEACOCK BLVD -APT#101

Address

PORT ST. LUCIE, FL 34986

City/State and Zip Code

XACTOTAX@GMAIL.COM

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

For further information concerning this matter, please call:

EDGAR ARCILA

772 2490196  
at ( )

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 Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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

CNC BASIS 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 01/25/2016 and assigned  
Florida document number L16000016571.

This amendment is submitted to amend the following:

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

CNC BASIS LLC

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

**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:

JOHNNY DUNCAN

New Registered Office Address:

146 SW PEACOCK BLVD APT #101

*Enter Florida street address*

PORT ST LUCIE

*City*

Florida 34986

*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	RAFAEL M DUNCAN	1337 SW SULTAN DR	<input type="checkbox"/> Add
		PORT ST LUCIE, FL 34953	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	JONATHAN DUNCAN	146 SW PEACOCK BLVD -APT#1019	<input checked="" type="checkbox"/> Add
		PORT ST. LUCIE, FL 34986	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	PAUL DUNCAN	146 SW PEACOCK BLVD -APT#101	<input checked="" type="checkbox"/> Add
		PORT ST. LUCIE, FL 34986	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	JACK DUNCAN	146 SW PEACOCK BLVD -APT#101PORT ST. LUC	<input checked="" type="checkbox"/> Add
		PORT ST. LUCIE, FL 34986	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	CHRISTOPHER DUNCAN	146 SW PEACOCK BLVD -APT#101	<input checked="" type="checkbox"/> Add
		PORT ST. LUCIE, FL 34986	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

(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)

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 11-2-24

meat

Signature of a ~~member~~ authorized representative of a member

RAFAEL MORGAN DUNCAN

Typed or printed name of signee

**Filing Fee: \$25.00**