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(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	:y/State/Zip/Phone #)	
PICK-UP	MAIT	MAIL
(Bu	siness Entity Name)	
. (Do	ocument Number)	
Certified Copies	_ Certificates of	Status
Special Instructions to	Filing Officer	
	J. HORNE	:
	AUG - 2 2022	

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WALK IN

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·	CERTIFIED COPY	
XX	РНОТОСОРУ	
	CUS	
XX	FILING	LLC AMEND
1.	CC CARPORTS, LLC	
	(CORPORATE NAME AND DOCUM	MENT #)
2.		
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6.	(CORPORATE NAME AND DOCUM	MENT #)
SPECIA INSTRU	L CTIONS:	

COVER LETTER

	egistration Se ivision of Cor			
SUBJECT	CC CARPO	ORTS, LLC		
SUBJECT	· 	Name of Lim	sited Liability Company	
The enclose	ed Articles of	Amendment and fee(s) are sub	emitted for filing.	
		ndence concerning this matter	•	
			oo me sene mag.	
		ROBERT SALTSMAN		
			Name of Person	
		ROBERT P. SALTSMAN	, P.A.	
			Firm/Company	
		P.O. BOX 2146		
			Address	
		WENTER PARK, FL 3279	90	
			City/State and Zip Code	
		JUDY@SALTSMANPA.C	COM to be used for future annual report not	tication)
For further	information or	oncerning this matter, please o	•	
	SALTSMAN	, , , , , , , , , , , , , , , , , , ,	407 647-2899	
		f Person		ne Telephone Number
			•	,
Enclosed is	a check for th	ne 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)
Re Di P.	ailing Addresses egistration S ivision of Co O. Box 632 allahassee, F	Section orporations 7	Street Address: Registration Se Division of Cor The Centre of T 2415 N. Monro Tallahassee, FL	porations Fallahassee e Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



CC CARPORTS, 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 Compartion of the Limited Liability Compartion of the Lindon Liability Compartion of the Liability Compartion of t	any were filed on 08/18/2016 and assigned			
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 Li	iability 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)	2			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or registered offi agent and/or the new registered office address here:	ice address on our records, enter the name of the new registe			
Name of New Registered Agent:				
New Registered Office Address:	Enter Florida street address			
	70			

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.

City

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	CHRISTINA HEDGECOCK	PO BOX 776	🗆 Add
		STARKE, FL 32091	□Remove
		· · · · · · · · · · · · · · · · · · ·	
	·		□Add
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effective date is listed, If the date inserte	r than the date of i the date must be specifi ed in this block does t te on the Department	ic and cannot be prior not meet the applic	able statutory filing	(option re than 90 days after for requirements, this	izl) ling.) Pursuant to 605.02 late will not be listed
ord specifies a delay filed.	yed effective date, bu	it not an effective ti	me, at 12:01 s.m. o	n the earlier of: (b)	The 90th day after ti
d AUGUST 1	00	, 2022			
- 1	4				
- (Signature	of a member or auth	orized representative (of a member	<u> </u>

Filing Fee: \$25.00