

L17000200958

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

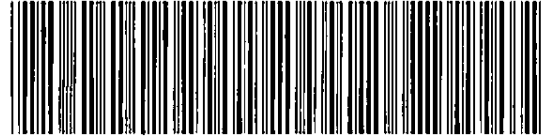
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

J. HORNE
AUG 12 2024

Office Use Only



300428913143

2024 AUG 9 11:33

RECEIVED
2024 AUG -9 AM 11:33
TALLAHASSEE, FLORIDA



CSC - Tallahassee
1201 Hays Street
Tallahassee, FL 32301-2607
850-558-1500, Ext: x61563

To: Department Of State, Division Of Corporations
From: Shauna Godbolt
Ext: x61563
Date: 08/09/24
Order #: 1585334-2
Re: Ccm Holdings Of Melbourne, LLC
Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Amount to be deducted from our State Account: \$25.00 - ~~File~~ State Account Number:
120000000195

A handwritten signature in black ink, appearing to read "Shauna Godbolt", is written over the text of the enclosed amount and state account number.

Please take the following action:
File in your office on basis
Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: CCM Holdings of Melbourne, 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:

Isabelle Fesale

Name of Person

Christian Care Ministry, Inc.

Firm/Company

4150 W. EAU GALLIE BLVD.

Address

MELBOURNE, FL 32934

City/State and Zip Code

DLLegal@tccm.org

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

For further information concerning this matter, please call:

Isabelle Fesale

Name of Person

at (800)

Area Code

264-2562 ext. 2683

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**

CCM Holdings of Melbourne, LLC

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

2024-09-27 17:03:17

The Articles of Organization for this Limited Liability Company were filed on 09/27/2017 and assigned
Florida document number L17000200958

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:

(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:

New Registered Office Address:

Enter Florida street address

Florida

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

DocuSign Envelope ID: D0E35D80-A082-4DBC-B1E0-5A4234E1882F
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> |
|--------------|-------------------------|---------------------------------|--|
| <u>AMBR</u> | <u>Suzanne Ferguson</u> | <u>4150 W. EAU GALLIE BLVD.</u> | <input type="checkbox"/> Add |
| | | <u>MELBOURNE, FL 32934</u> | <input checked="" type="checkbox"/> Remove |
| | | <u></u> | <input type="checkbox"/> Change |
| <u>AMBR</u> | <u>Tricia Bell</u> | <u>4150 W. EAU GALLIE BLVD.</u> | <input checked="" type="checkbox"/> Add |
| | | <u>MELBOURNE, FL 32934</u> | <input type="checkbox"/> Remove |
| | | <u></u> | <input type="checkbox"/> Change |
| <u></u> | <u></u> | <u></u> | <input type="checkbox"/> Add |
| | | <u></u> | <input type="checkbox"/> Remove |
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| | | <u></u> | <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.

- DocuSigned by:

Signature of a member or authorized representative of a member

Typed or printed name of signee