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(Requestor's Name)
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Name Change

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COVER LETTER

	Registration ! Division of C				
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SUBJEC	Tr:	Name of Lim	ited Liability Company		
The encle	osed Articles (of Amendment and fee(s) are sub-	mitted for filing.		
Please re	turn all corres	pondence concerning this matter	to the following:		
		Domingo Abinader, MBA.	EA		
			Name of Person		
AB Multi Services and Income Taxes LLC					
		1901 S John Young Parkw			
		Kissimmee FL 34741			**:
			City/State and Zip Code		
		abmultiservices l@yahoo.co	om to be used for future annual report notific		9 APR
For furth	er information	concerning this matter, please ca		аноп)	29
Doming	o Abinader, M	IBA, EA	407 6016524 at ()		PM 3:
	Name	of Person	Area Code Daytime	Telephone Number	STATENS ORATIONS M 3: 58
Enclosed	is a check for	the following amount:			
□ \$25.0	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	■ \$60.00 Filing Fer Certificate of \$t Certified Copy (additional copy is a	atus &

MAILING ADDRESS:

TO:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

C & C CONSTRUCTION ASSOCIATION		
(Name of the Limited Liabili (A Florida	Iv Company as it now appears on our records.) a Limited Liability Company)	
The Articles of Organization for this Limited Liability C	Company were filed on 01/03/2018	and assigned
Florida document number 1.18000002008		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
C & C ASSOCIATION LLC		200
The new name must be distinguishable and contain the words "Lim	nited Liability Company," the designation "LLC" or	
Enter new principal offices address, if applicable:		NPR 2
Principal office address MUST BE A STREET ADDI	RESS)	29 0375
		2 5000
		e Ration
Enter new mailing address, if applicable:		BTATE BRATIONS 3: 58
Mailing address MAY BE A POST OFFICE BOX)		3)
		
B. If amending the registered agent and/or regis	stered office address on our records, e	enter the name of the ne
registered agent and/or the new registered office add		
Name of New Registered Agent:		
N D C LOG ALL		
New Registered Office Address:	Enter Florida street address	
	101	la.
	, Floric	13 = 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:

		<u>.</u>		
MGR =	Manager			

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			☐ Remove
			Change
			☐ Remove
			☐ Change
			□ Add
			☐ Remove
			□ Change
			Remove
			☐ Change
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Constitution of the state of th				-
ffective date, if other than an effective date is listed, the date ote: If the date inserted in the ocument's effective date on t	its block does not meet th	ie applicable statutory	or more than 90 days after filing requirements, this	onal) filing.) Pursuant to 605.0202 date will not be listed as
e record specifies a dela The 90th day after the	ayed effective date, record is filed.	but not an effecti	ve time, at 12:01 a	.m. on the earlier o
ated April 22	201	9		
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Page 3 of 3

Filing Fee: \$25.00

Typed or printed name of signee