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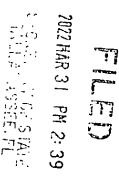
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Y. SCOTT APR 16 2022

COVER LETTER

	gistration Sectivision of Corp		,	
eliote <i>c</i> er		C & C Custom Cabinets LLC	•	
SUBJECT			ited Liability Company	
The enclose	ed Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please retur	n all correspon	dence concerning this matter	to the following:	
		Michael	C Cruce	
			Name of Person	
		C&C	Custom Cabinets LLC	
			Firm/Company	2022
		18966	SW 132ND AVE	2022 HAR
			Address	
		Lake	Butler, Florida 32054	
			City/State and Zip Code	7: 3 × 3
			lers@newbusinessfiling.org	
For further	information co	ncerning this matter, please c	to be used for future annual report to all:	описанон)
	Molly Hoopes	5	at (_888)70	1-6450
	Name of	Person		ime Telephone Number
Enclosed is	s a check for the	e following amount:		
X \$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)
	lailing Address egistration S		Street Address: Registration S	
Đ	ivision of Co	orporations	Division of C	orporations
	.O. Box 632´allahassee. F		The Centre of 2415 N. Mon	f Tallahassee roe Street, Suite 810
'	ananassee. T	L 24214	Tallahassee.	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Co (A Florida Lim	mpany as It now appears on our rec ited Liability Company)	ords.)
The Articles of Organization for this Limited Liability Comp	oany were filed on 02/08/2018	and assigned
Florida document number L18000035828		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	llability company here:	
C & C Cabinets & Doors LLC		
he new name must be distinguishable and contain the words "Limited I	Liability Company," the designation "I	.LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS	s)	
		202
Inter new mailing address, if applicable:		ω
	duress if applicable.	05°
Mailing address MAY BE A POST OFFICE BON)		
		်း ယ သ
3. If amending the registered agent and/or registered off	fice address on our records, <u>en</u>	ter the name of the new regist
gent and/or the new registered office address here:		
Name of New Registered Agent:		<u> </u>
New Registered Office Address:		
	Enter Florida street ad	dress
		. Florida
	Ciņ:	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

C & C CUSTOM CABINETS LLC

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 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
AMRR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	•	Type of Action
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		<u></u>		ERemove
				_ DChange
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ective date, if other than the date of filing:effective date is listed, the date must be specific and cannot be				(0	ptional)		
effective date is listed, the date must be specific and cannot be <u>e:</u> If the date inserted in this block does not meet the a	e prior to applicab	date of filing le statutory	g or more tha / filing requ	i 90 days a irements.	this date w	ursuam ill not b	ne liste
ument's effective date on the Department of State's re-	cords.	·					
cord specifies a delayed effective date, but not an effec s filed.	tive tim	e, at 12:01	a.m. on the	carlier of	(b) The	90th da	y after
March 28 2022							
Mid	Let			ne Co			
			itative of a in				