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(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	:#)
		MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	<u> . . </u>
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
	Office Use Onl	v



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COVER LETTER

TO:	Registration Section
	Division of Corporations

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SUBJECT:	CCM GLASS LLC Name of Limited Liability Company			
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:				
	Mothen Raik			
	Firm/Company			
	4781 NW 98 LN			
	Address			
	City/State and Zip Code City/State and Zip Code CCMg ass 23 @ gmail.com E-mail address: (to be used for future annual report notification)			
-	CCMG ass 23 @ gmail.com E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:				
AA				

Mathew Raik at (454) 593-6676 Name of Person Daytime Telephone Number

Englosed 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/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

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CCM GI	ASS UC
(<u>Name of the Limited Liability Compan</u> (A Florida Limited Li	y as it now appears on our records.) ibility Company)
he Articles of Organization for this Limited Liability Company v lorida document number $\underline{U8000235693}$.	vere filed on $10/04/708$ and assigned
his amendment is submitted to amend the following:	
. If amending name, <u>enter the new name of the limited liabil</u>	ity company here:
Houd 9 Glassmare	LLC
he new name must be distinguishable and contain the words "Limited Liabilit	y Company," the designation "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	
nter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	
	ce address on our records, enter the name of the

City

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

Zip Code

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

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<u>Title</u>	Name	Address	<u>Type of Action</u>
AMBR	Alinash Bhagwandeen	4728 NW 98th lang coral Springs F	L II Add
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			Change
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			Remove
			Change
		<u> </u>	🗆 Add
			Remove
			🗆 Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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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 October 23 2018 Signature of a member or authorized representative of a member Matthew Raik

Page 3 of 3

Filing Fee: \$25.00