

L18 000252036

(Requestor's Name)

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(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

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TALLAHASSEE, FL

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D. BRUCE
JUL 16 2021

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: CC&C Consulting Group, 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:

Shedly Casseus
Name of Person
CC&C Consulting Group, LLC
Firm/Company
3176 NW 32nd Crt
Address
Oakland Park, Florida 33309
City/State and Zip Code
info@scholarshipplug.com
E-mail address: (to be used for future annual report notification)

2021 JUN 22 AM 8:19
TALLAHASSEE, FL
STATE OF FLORIDA
DIVISION OF CORPORATIONS

For further information concerning this matter, please call:

Shedly Casseus at (754) 422-4936
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount.

\$25.00 Filing Fee

N/A

\$30.00 Filing Fee & Certificate of Status
ok

\$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**

CC&C Consulting Group, 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 Company were filed on 10/26/2018 and assigned Florida document number L18000252036.

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 "L.L.C." or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

4462 N. University Drive

(Principal office address MUST BE A STREET ADDRESS)

Lauderhill, Florida 33351

Enter new mailing address, if applicable:

3176 NW 32nd Crt

(Mailing address MAY BE A POST OFFICE BOX)

Oakland Park, Florida 33309

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

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SECRETARY
TALAMON, SEAN
FILE

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:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Shedly Casseus	3176 NW 32nd Crt	<input type="checkbox"/> Add
		Oakland Park, Florida 33309	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	Shedly Casseus	4462 N. University Drive	<input checked="" type="checkbox"/> Add
		Lauderhil, Florida 33351	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

Multiple horizontal lines for amending information.

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E. Effective date, if other than the date of filing: _____ (optional)

(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)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 6/20 2021

Handwritten signature of Shedly Casscus

Signature of a member or authorized representative of a member

Shedly Casscus

Typed or printed name of signee