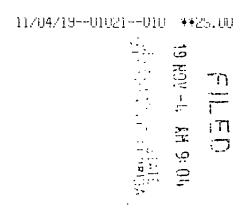
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COVER LETTER

C & C INVE	STMENTS I LLC		
SUBJECT:	Name of Limited Li	ability Company	
The enclosed Articles of A	Amendment and fee(s) are submittee	I for filing.	
Please return all correspon	idence concerning this matter to the	following:	
	CHRIS SANTE		
		Name of Person	
		Firm/Company	
	P.O. BOX 373006		
		Address	
	KEY LARGO, FL 33037		
	Cit CSANTE@BELLSOUTH.NET	y/State and Zip Code	
	•	used for future annual report notificati	on)
		236d 17/1 13ta10 am/, and 13/1	,
For further information co	oncerning this matter, please call:		
CHRIS SANTE	_	305 522-6598 at ()	
Name of		Area Code Daytime Tel	lephone Number
Enclosed is a check for th	e 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)

Registration Section
Division of Corporations

TO:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

C & C INVESTMENTS 1 LLC		
(Name of the Limited Liability Compar (A Florida Limited L	<u>ay as it now appears on our records</u> liability Company)	<u>i.</u>)
The Articles of Organization for this Limited Liability Company	were filed on 7-17-2019	and assigned
lorida document number 1.19000183987		
his amendment is submitted to amend the following:		
If amending name, enter the new name of the limited liabi	lity company here:	
he new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC	" or the abbreviation "L.L.C."
inter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		
Inter new mailing address, if applicable:		· · · · · · · · · · · · · · · · · · ·
Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
		<u>_</u>
Enter new 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 of registered agent and/or the new registered office address here	ffice address on our records	s, enter the name of
gent and/or the new registered office address here	<u>-</u> -	
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addres	
	Enter Plortaa street addres	1.5
		orida
	City	гір Соае

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>	Type of Action
MGRM	CHRIS TRENTINE	P.O. BOX 701057 TAVERNIER, FL 33070	Add
			■ Remove
			☐ Change
MGRM	PAMELA SANTE	P.O. BOX 373006 KEY LARGO, FL 33037	
			□ Remove
			☐ Add
			☐.Change:
			23. BAdd
			☐ Remove
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fective date, if other than the date of filing:			(opt	ional)		
fective date, if other than the date of filing: n effective date is listed, the date must be specific and capte: If the date inserted in this block does not meacument's effective date on the Department of Sta	et the appticabl	date of filing or mo le statutory filing	e than 90 days afte requirements, th	r filing.) P is date wi	ursuant to	listed a
record specifies a delayed effective da The 90th day after the record is filed.	te, but not a	an effective ti	ne, at 12:01	a.m. or	the ea	arlier (
OCTOBER 23	2019					
M,	<u></u>	•				
m c	mher or authoric	zed representative of	f a member	 -		_

Page 3 of 3

Filing Fee: \$25.00