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COVER LETTER

Registration Section Division of Corporations

Tallahassee, FL 32314

TO:

SUBJECT:		C+C LLC		,	
	Name of Lin	nited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
		Vris Clamp Name of Person		-	
	8	15 C+C LLC Firm/Company		_	
	1507	Amarone Plac Address	<u>l</u>	-	
		Amarone Place Address Lutz, Fe. 335 City/State and Zip Code Coment tileshop to be used for future annual report note	48	2023 / SECI	<u>च्या स्थ</u> ी
	Chris	e cementtileshop.	COM	ALL ALL	energy &
Var further information a	E-mail address: (concerning this matter, please c		ification)	RY C	
- Chris	01	at (813) 918 - Area Code Daytin	. 8718 ne Telephone Number	2023 AUG 25 AM 8: 48 SECRETARY OF STATE TALLAHASSEE, FL	C. Harry
Enclosed is a check for t	he following amount:				
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	ite of Status &	
Mailing Address Registration : Division of C	Section Corporations	Street Address: Registration Se Division of Co	rporations		
P.O. Box 632	<u>′</u>	The Centre of T	LaHahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CIC C+C II.C.

(Name of the Limited Liab) (λ Flori	nility Compan	iy as it now ar	ipears on o	ur records.)			
The Articles of Organization for this Limited Liability Florida document numberL 200000 2 407	[,] Company v				,2020	and as	signed
This amendment is submitted to amend the following:							
A. If amending name, enter the new name of the lir	mited <u>liabil</u>	lity compan	y here:				
The new name must be distinguishable and contain the words "Li	imited Liabili	ty Company."	the designal	ion "LLC" or t	he abbrev	iation "l	L.C.''
Enter new principal offices address, if applicable:			<u></u>	_			
Principal office address MUST BE A STREET ADE	<u>DRESS)</u>				II S	2023 A.U.G	
						A	1 5
					TARY	3 25	eustan eustan (
Enter new mailing address, if applicable:					-5/ <u>-</u> -2/52		777
Mailing address MAY BE A POST OFFICE BOX)						- 2.	<u>'''')</u>
			<u></u>		<u> </u>	4=	
B. If amending the registered agent and/or register agent and/or the new registered office address here Name of New Registered Agent: New Registered Office Address:	2:	hris (Clami		name of	the ne	w registered
			· Florida str			. ر. م	2.
		Lutz		Florid:	3.	<u> </u>	<u>S</u>
		City			;	Zip Code	ı

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

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

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>	Address	Type of Action
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an effective	ite, if other than date is listed, the date	must be specific a	ind cannot be prior	to date of filing	or more than 90	(option: days after fill	ing.) Pur	suant to	605.020
	date inserted in thi effective date on th				filing requiren	ients, this d	ate will	not be	listed a
record spec is filed.	rifies a delayed effe	ective date, but r	iot an effective ti	me, at 12:01 a	in, on the earl	ier of: (b)	The 90	th day a	ifter the
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