# L20000212582

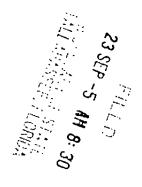
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Special Instructions to F	Filing Officer:	
		J. HORNE SEP 2 2 2023

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# **COVER LETTER**

	Registration Sec Division of Corp			
		ng & Design LLC		·
SUBJEC	CT:	Name of Lim	ited Liability Company	
		Amendment and fee(s) are sub-	<u>-</u>	
Please re	turn all correspon	dence concerning this matter	to the following:	
		Cristiano C. Busnardo		
			Name of Person	
		CCB Construction & Desig	gn LLC	
			Firm/Company	
		9836 Montague St		
			Address	
		Tampa, FL 33626		
		ccbusnardo@hotmail.com	City/State and Zip Code	
		E-mail address: (t	to be used for future annual report notif	fication)
For furth	er information co	ncerning this matter, please ca	att:	
	Name of	Person	at () Area Code Daytime	e Telephone Number
Enclosed	is a check for the	following amount:		
\$25.0	10 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 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



CCB Flooring & Design LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

(	on the same of the	7,7
The Articles of Organization for this Limited Liability		and assigned
Florida document number L20000212582		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	mited liability company here:	
CCB Construction & Design LLC		
The new name must be distinguishable and contain the words "L	imited Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADI	DRESS)	
Enter new mailing address, if applicable:		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or register agent and/or the new registered office address here		he name of the new registe
Name of New Registered Agent:		- · · ·
New Registered Office Address:		
	Enter Florida street address	
	, Flor	rida
	City	Zip Code

#### 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, <u>enter the title</u>, <u>name</u>, <u>and address of each person being added or removed from our records</u>:

MGR =	Manager
AMBR =	<b>Authorized Member</b>

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Remove
			Change
			□ Remove
			□Change
			□Remove
		□Change	
			□Add
			□Remove
			Change
			□Add
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			□Add
			□Remove
			□Change

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Tective date, if other than the data an effective date is listed, the date must be ote: If the date inserted in this block ocument's effective date on the Department.	does not meet the a	pplicable state	filing or more than story filing requir	(optional 90 days after filing ements, this date	) ;.) Pursuant to 605,020 ; will not be listed a:
e record specifies a delayed e The 90th day after the record	ffective date, bu f is filed.	t not an eff	ective time, a	t 12:01 a.m.	on the earlier o
ated July 18	, 2023				
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Filing Fee: \$25.00