

LZ1000104706

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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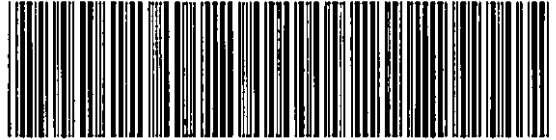
(Business Entity Name)

(Document Number)

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2021 JUN -7 PM 8:30
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CCP 21 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:

Thomas M. VanNess, Jr., Esq.

Name of Person

VanNess & VanNess, PA

Firm/Company

1205 N. Meeting Tree Blvd.

Address

Crystal River, FL 34429

City/State and Zip Code

tmv@vannesspa.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Thomas M. VanNess, Jr., Esq.

352 795-1444
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed 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 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**

CCP 21 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 March 4, 2021 and assigned Florida document number L21000104706.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A

The new name must be distinguishable and contain the words "Limited 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 ADDRESS)

1366 W Diamond Shore Loop

Hernando, FL 34442

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1366 W Diamond Shore Loop

Hernando, FL 34442

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:

Patricia A. Moeller

New Registered Office Address:

1366 W Diamond Shore Loop

Enter Florida street address

Hernando

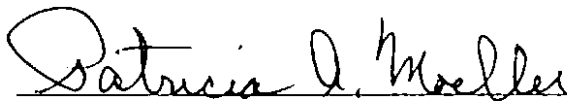
City

Florida 34442

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, 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	Carl W. Jacot	22042 117th Drive O	<input type="checkbox"/> Add
		O'Brien FL 32071	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Patricia A. Moeller	1366 W Diamond Shore Loop	<input checked="" type="checkbox"/> Add
		Hernando, FL 34442	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AP	Colleen M. Jacot	22042 117th Drive	<input type="checkbox"/> Add
		O'Brien, FL 32071	<input checked="" type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

N/A

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.

Dated

2021

Signature of a member or authorized representative of a member

Patricia A. Moeller

Filing Fee: \$25.00