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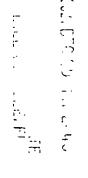
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A BUTLER JAN 13 2022

COVER LETTER

TO: Registration Sec Division of Corp			·
SUBJECT:	C&C Truc Name of Lim	King Comp ited Liability Company	sany LLC
The enclosed Articles of A	amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	idence concerning this matter	to the following:	
	Char	nce for Do	onjoie_
	•		ig Company LL
	1065	NE 140 Th	8+.
			F1. 33162
		City/State and Zip Code	20 @ gmail. Com ort notification)
For further information co	ncerning this matter, please c	all:	
Chancelor		at (<u>954</u>) Area Code	253-3857
Enclosed is a check for the	e following amount:		
\$25,00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy tadditional copy is enclose	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration S Division of Co	ection	Street Addr Registration of	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

(1 ruck		pany	LCC
(Name of the Limited	<u>Liability Company</u> Florida Limited Lia	as it now appears on ou pility Company)	ir records:)	· · · · · · · · · · · · · · · · · · ·
The Articles of Organization for this Limited Liab Florida document number	ility Company w	ere filed on <u>Marc</u>	h 17,2021	and assigned
This amendment is submitted to amend the follow	ing:			
A. If amending name, <u>enter the new name of th</u>	<u>ie limited liabili</u> t	y company here:		
The new name must be distinguishable and contain the word	ls "Limited Liability	Company," the designat	ion "LLC" or the abbi	reviation "L.L.C."
Enter new principal offices address, if applicable	le:			
(<u>Principal office address MUST BE A STREET</u>	<u>4DDRESS)</u>			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BO	<u>)X)</u> .			
B. If amending the registered agent and/or regi agent and/or the new registered office address b		dress on our record	s, <u>enter the name</u>	of the new registered
Name of New Registered Agent:		nica Veg	9	
New Registered Office Address:	<u>·/33</u>	NW 170		
	Miami	Gardens City		33169 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>	Name	Address	Type of Action
AMBR	Chancelor Donjoie	1065 NE 160Th St.	□Add
	J	North Miami Beach Fl	162 □Remove
			& Change
			□Add
			Remove
			□Change
			□Add
			□ Remove
			Change
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			□Change
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		···	□Remove
			□Change
			🗆 Add
			□Remove
			□ Change

•

ii am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	<u> </u>
(If an e Note:	tive date, if other than the date of filing:
the reco	ord 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 filed.
Dated	l
	Signature of a member or authorized representative of a member
	Chancelor Donjoie
	Typed or printed name of signee