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(Requestor's Name)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
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(December 1)
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COVER LETTER

	egistration Se livision of Cor				
SUBJECT		ical Consulting LLC			
SUBJECT:					
		Amendment and fee(s) are sub indence concerning this matter			
		Cassandra Sturrup			
			Name of Person		
		C & C Medical Consulting	LLC		
			Firm/Company		
		1810 NE 153rd Street Ste	#2		
		***	Address		
		North Miam Beach, FL 33	162		
		· · · · · · · · · · · · · · · · · · ·	City/State and Zip Code	 	
nurse1200cc@aol.com					
For further	information c	re-mail address: (oncerning this matter, please of	to be used for future annual report notif	cation)	
		oncerning this matter, piease ea			
Cassandra	Sturrup		786 797-7878 at ()		
	Name o	f Person	Area Code Daytime	Telephone Number	
Enclosed is	s a check for th	ne following amount:			
□ \$25.00) Filing Fee	S30.00 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

C & C Medical Consulting LLC		
(<u>Name of the Limited Liability Co</u> (A Florida Lim	ompany as it now appears on our records.) ited Liability Company)	
The Articles of Organization for this Limited Liability Comp	pany were filed on 6/1/21	and assigned
lorida document number 1.21000255008		
nis amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited	liability company here:	
C& C Healthcare Consulting LLC		
he 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 ADDRES.	<u> </u>	
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or registered of gent and/or the new registered office address here:	fice address on our records, <u>enter the na</u>	ume of the new regis
Name of New Registered Agent:		
New Registered Office Address:		<u>p</u>
	Enter Florida street address	ب خذ
	Florida	·•
	City	Zip Čode

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 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
			🗀 Add
			Remove
			□ Change
			□Add
			□Remove
			□Change
			□Remove
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			□Add
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Effective date, if other than the date of filing: 6/1/2021 (toptional) If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 005,0207 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as a document's effective date on the Department of State's records. The effective date on the Department of State's records. The effective date on the Department of State's records. The point day after the red is filed. Dated June 4th 2021 Signature of a member or authorized representative of a member								****
Effective date, if other than the date of filing: G/1/2021 (optional)				·				
Effective date, if other than the date of filing: 6/1/2021 (optional)								
Effective date, if other than the date of filing: [6/1/2021								
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