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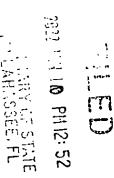
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Office Use Only



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October 14, 2021

C.C. WADE, LLC. 6545 CAY CIRCLE BELLE ISLE, FL 32809

SUBJECT: C.C. WADE, LLC. Ref. Number: L21000383902

We have received your document for C.C. WADE, LLC. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 121A00025083

Yasemin Y Sulker Regulatory Specialist III

www.sunbiz.org

. COVER LETTER

TO:

Tallahassee. FL 32314

	Registration Se Division of Cor			RECEIVED	
SUBJECT:		C.C. WADE, LLC		2022 JAN 10 PM 3: 19	
SUBJEC		Name of Lim	Name of Limited Liability Company		
The enclo	sed Articles of	Amendment and fee(s) are sub	mitted for filing.	SECRETARY OF STATE TALLAHASSEE, FL	
Please ret	urn all correspo	ondence concerning this matter	to the following:		
			Peter D. Madison		
			Name of Person		
			C.C. WADE, LLC		
		•	Firm/Company		
	6545 Cay Circle				
			Address		
			Belle Isle, FL 32809		
			City/State and Zip Code		
			adisonproperty@bellsouth.net to be used for future annual report notifi	aution	
For furthe	r information co	oncerning this matter, please co		Cattoni	
Beverly	y Madison		407 908-5428 at ()		
	Name of	f Person	Area Code Daytime	Telephone Number	
Enclosed i	is a check for th	ne following amount:			
■ \$25,00	0 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
	<u>Jailing Address</u> Registration S		Street Address: Registration Sect	ion	
L	Division of Co	orporations	Division of Corp		
P	P.O. Box 632	7	The Centre of Ta		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	C.C. WA	IDE, LLC			
(Name of the Limi	ted Liability Compa (A Florida Limited l	iny as it now appears Liability Company)	on our records.)		
he Articles of Organization for this Limited I lorida document number	iability Company	were filed on	August 27, 2021	and assig	med
his amendment is submitted to amend the following	lowing:				
a. If amending name, enter the new name of	of the limited liab	ility company her	<u>re</u> :		
he new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the de	signation "LLC" or the	abbreviation "L.L.	C.''
Enter new principal offices address, if applicable: Principal office address MUST BE A STREET ADDRESS)		6545 Cay Circle			
		Belle Isle, FL 32809			
Enter new mailing address, if applicable: <u>Mailing address MAY BE A POST OFFICE BOX</u>) B. If amending the registered agent and/or registered office a		6545 Cay Circle Belle Isle, FL 328		P I	
gent and/or the new registered office addre		address on our re	cords, <u>enter the na</u>	metal thonews	regist
Name of New Registered Agent:	Peter D. Madiso	on			
New Registered Office Address:	6545 Cay Circle				
		Enter Florid	da street address		
	Belle Isle		, Florida ³	2809	
		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, 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	<u>Address</u>	Type of Action
AMBR	Mark W. Cantley	207 Memphis Place	□Add
		Saint Cloud, FL 34769	/
			Change
AMBR Peter D. Madison	Peter D. Madison	6545 Cay Circle	MAdd
		Belie Isle, FL 32809	□Remove
			□ Change
			□Add
			Remove
			Change
			□Add
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te of filing:	(optional)	(05,000,000,000)
does not meet the applicable s	atutory filing requirements, this date wi	arsuant to 605.0207 (3)(bill not be listed as the
ite, but not an effective time, a	12:01 a.m. on the earlier of: (b) The 9	Oth day after the
2021		
A		
nature of a member or authorized	representative of a member	
Peter D. Madis	חכ	
	September 17, 2 specific and cannot be prior to date does not meet the applicable strument of State's records. atc, but not an effective time, at 2021 Peter D. Madiso	te of filing: September 17, 2021 (optional) specific and cannot be prior to date of filing or more than 90 days after filing.) Put does not meet the applicable statutory filing requirements, this date wirtment of State's records. atc., but not an effective time, at 12:01 a.m. on the earlier of: (b) The 9

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Filing Fee: \$25.00