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(City/State/Zip/Phone #)

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2022 OCT 25 AM 11:46

SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: C & C DESIGN BUILD 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:

JOSEPH K COOPER

Name of Person

C & C DESIGN BUILD LLC

Firm/Company

2142 ANDREA LANE

Address

FORT MYERS, FLORIDA 33912

City/State and Zip Code

JOEC5070@GMAIL.COM

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

For further information concerning this matter, please call:

JOSEPH K COOPER

239

462-8487

at ()

Name of Person

Area Code

Daytime Telephone Number

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TALLAHASSEE, FL

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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**

C & C DESIGN BUILD 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 04/15/2022 and assigned
Florida document number L22000182248.

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:

2142 ANDREA LANE

(Principal office address MUST BE A STREET ADDRESS)

FORT MYERS, FLORIDA 33912

Enter new mailing address, if applicable:

2142 ANDREA LANE

(Mailing address MAY BE A POST OFFICE BOX)

FORT MYERS, FLORIDA 33912

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:

N/A

New Registered Office Address:

Enter Florida street address

Florida

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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MBR	JOSEPH K. COOPER	20200 WILLIAMS DRIVE	<input checked="" type="checkbox"/> Add
		NORTH FORT MYERS, FL. 33917	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
PRES	JOSEPH K. COOPER	20200 WILLIAMS DRIVE	<input type="checkbox"/> Add
		NORTH FORT MYERS, FL. 33917	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	TRACY ORTENGREN	20650 GROVE LINE COURT	<input checked="" type="checkbox"/> Add
		ESTERO, FLORIDA 33928	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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TALLAHASSEE, FL

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

CHANGING BUSINESS ADDRESS AND MAILING ADDRESS

ADDING ADDITIONAL MEMBER

CHANGING JOSEPH COOPER'S TITLE FROM PRESIDENT TO, MBRB

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TALLAHASSEE, FL

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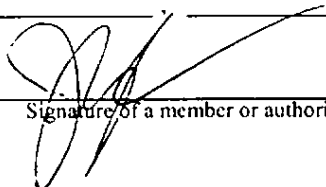
E. Effective date, if other than the date of filing: ASAP **(optional)**

(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 605.0207 (3)(b)

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.

If the record 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 record is filed.

Dated OCTOBER 12, 2022



Signature of a member or authorized representative of a member

JOSEPH K COOPER

Typed or printed name of signer

Filing Fee: \$25.00