L22000280128

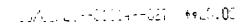
(Requestor's Name)
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A. RIVERS JUL 27 2023



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COVER LETTER

TO:	Registration Se Division of Cor			
SUBJEC		S & GRAPHICS LLC		
SUBJEC	-l;	Name of Lim	ited Liability Company	
The encl	osed Articles of	Amendment and fee(s) are sub	emitted for filing.	
Please re	eturn all correspo	ondence concerning this matter	to the following:	
		RENE J. CINTRON		
			Name of Person	
		CC WRAPS & GRAPHIC	S LLC	
			Firm/Company	····
		6707 SW 153 PL RD		
		· · · · · · · · · · · · · · · · · · ·	Address	
OCALA, FLORIDA 34473 City/State and Zip Code				
		CCWRAPSANDGRAPHIC	~	
		E-mail address: (to be used for future annual report n	otification)
For furth	er information c	concerning this matter, please c	all:	
RENE C	CINTRON		939 940-9823	
	Name o	of Person	at () Area Code Dayt	ime Telephone Number
Enclosed	l is a check for th	he following amount:		
= \$25.	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Addres		Street Address:	
Registration Section Division of Corporations P.O. Box 6327		Registration S Division of C		
		The Centre of		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CC WRAPS & GRAPHICS LLC		
(Name of the Limited Liability Company as it (A Florida Limited Liability	now appears on our records.) Company)	
The Articles of Organization for this Limited Liability Company were Florida document number L22000280128	filed on <u>06/20/2022</u>	_ and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability co	ompany here:	
The new name must be distinguishable and contain the words "Limited Liability Con	npany," the designation "LLC" or the abbrev	viation "L.L.C."
Enter new principal offices address, if applicable:		.
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address agent and/or the new registered office address here:	ss on our records, enter the name o	f the new registered
Name of New Registered Agent:		
New Registered Office Address:		5. 5.
New Registered Office Address.	Enter Florida street address	2011 (
	, Florida	1
Ci New Registered Agent's Signature, if changing Registered Agent:	ity .	Zip Code
I hereby accept the appointment as registered agent and agree to a provisions of all statutes relative to the proper and complete performancept the obligations of my position as registered agent as provide	rmance of my duties, and I am fam.	iliar with and

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>	<u>Address</u>	Type of Action
PRES	RENE J CINTRON	6707 SW 153RD PL RD	□Add
		OCALA, FL. 34473	_
			□Change
MGR	RENE J CINTRON	6707 SW 153RD PL RD	■ Add
		OCALA, FL. 34473	□Remove
			□Add
			□Remove
			□Change
		-	
			□Remove
			☐ Change
			DAdd
			□Remove
			☐ Change
			□Add
			□ Remove
			□Change

D. If amending any other	er information, enter change(s) here: (Attach additional sheets, if necessary.)
-	
	
	
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(If an effective date is listed. Note: If the date insert	than the date of filing:
If the record specifies a dela record is filed.	yed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated MAY 30	2023
	hund If
	Signature of a member or authorized representative of a member
RENE J CK	VITRON

Typed or printed name of signee