

L22000501080

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

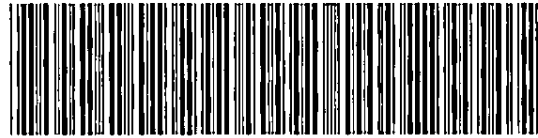
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DIVISION of CORPORATIONS
SECRETARY OF STATE

NOV 28 2023

D CUSHING

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: C+L EnterPrize L.L.C.
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:

CORRY L. BROOKS Sr.
Name of Person
C+L EnterPrize L.L.C.
Firm/Company
700 COCHRAN DR.
Address
TALLAHASSEE, FL 32301
City/State and Zip Code
CLEnterPrize7@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CORRY L. BROOKS Sr. at (850) 251-8457
Name of Person Area Code Daytime Telephone Number

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

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

C & L Enter Prize L.L.C.

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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SECRETARY OF STATE

The Articles of Organization for this Limited Liability Company were filed on November 29, 2022 and assigned Florida document number L22000501080.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

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:

(Principal office address MUST BE A STREET ADDRESS)

700 Cochran Dr.
Tallahassee, FL
32301

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

700 COCHRAN DR.
TALLAHASSEE, FL
32301

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:

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>
AMBR	Corey L. Brooks Sr.	700 Cochran Dr.	<input checked="" type="checkbox"/> Add
		Tallahassee FL 32301	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	Lottie Brooks	700 Cochran Dr.	<input type="checkbox"/> Add
		Tallahassee FL	<input type="checkbox"/> Remove
		32301	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

(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)

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.

Cap C. Brooks

Signature of a member or authorized representative of a member

Cory L. Brooks Sr.
Typed or printed name of signer

Filing Fee: \$25.00