

L23000001270

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

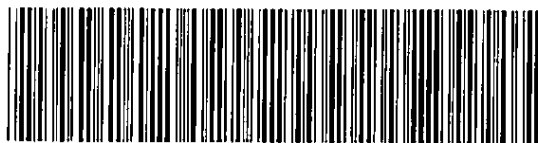
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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: CCEE 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:

VINH P NGUYEN

Name of Person

CCEE LLC

Firm/Company

5100 NW 165TH STREET - OFFICE SPACE

Address

HIALEAH, FL 33014

City/State and Zip Code

cccccc@yahoo.com

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

For further information concerning this matter, please call:

VINH NGUYEN

225 454-7618

at ()

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 Conv

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**

CCEE 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 DECEMBER 27, 2022 and assigned
Florida document number L23000001270.

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)

5100 NW 165TH STREET

OFFICE SPACE

HIALEAH, FL 33014

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

191 BELLEWOOD DRIVE

UNIT B

BATON ROUGE, LA 70806

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:

5100 NW 165TH STREET - OFFICE SPACE

Enter Florida street address

HIALEAH

City

Florida 33014

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>
MGR	THUY PHAM	5100 NW 165TH STREET	<input type="checkbox"/> Add
		OFFICE SPACE	<input type="checkbox"/> Remove
		HIALEAH, FL 33014	<input checked="" type="checkbox"/> Change
AMBR	VINH NGUYEN	5100 NW 165TH STREET	<input checked="" type="checkbox"/> Add
		OFFICE SPACE	<input type="checkbox"/> Remove
		HIALEAH, FL 33014	<input type="checkbox"/> Change
AR	GIANG NGUYEN	9701 RIDDLEWOOD AVE	<input type="checkbox"/> Add
		HOUSTON, TX 77025	<input checked="" 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
			<input type="checkbox"/> Add
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			<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.

Signature of a member of authorized representative of a member

Typed or printed name of signee