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(Re	equestor's Name)	
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PICK-UP	WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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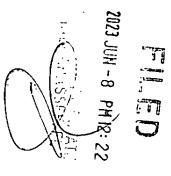
Office Use Only



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RECEIVED



COVER LETTER

TO: Registration Sec Division of Corp				
1	littin Dina	000 110		
SUBJECT:		nited Liability Company	<u> </u>	
The enclosed Articles of A	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
	Clay	Maloy Name of Person		
		Firm/Company		
	6343 1	Heronwalk L	Prive	
	Gulf 7	Breeze FL	32563	2023
	Hittin Dina	City/State and Zip Code CCS LLC Egmai To be used for future annual report notifi	1.com	2023 JUN -8 PH 12: 22
For further information co	oncerning this matter, please c			PH I2
Clay M	aloy	at (206) 323 Area Code Daytime	-2599 Telephone Number	22
Enclosed is a check for th	e following amount:			
	\$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee &	□ \$60.00 Filir	
	Certificate of Status	Certified Copy (additional copy is enclosed)	Certified C	of Status & Topy apy is enclosed)
Mailing Address		Street Address:		
Registration S		Registration Sec		

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 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

Hittin Din	gers LLI	C	
(Name of the Limite	d Diability Company as it no Afforida Limited Liability Co	ow appears on our records.) ompany)	
The Articles of Organization for this Limited Liz Florida document number <u>L23000087</u>	ability Company were file	0/12/2	23 and assigned
This amendment is submitted to amend the follo	wing:		
A. If amending name, enter the new name of	the limited liability com	pany here:	
			23
The new name must be distinguishable and contain the wo	ords "Limited Liability Compa	any," the designation "LLC" or	the abbreviation L.L.C.
Enter new principal offices address, if applica	ble:		1 2
(Principal office address MUST BE A STREET	ADDRESS)	·	8
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE E	<u></u>		12:22
B. If amending the registered agent and/or reagent and/or the new registered office address	s here:		
Name of New Registered Agent:	Clayton	A. Mala	
New Registered Office Address:		Enter Florida street address	
		, Florid	
	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	Address	Type of Action
MGR	Randi Malay	6343 Heronwalk	🗆 Add
	/	6343 Heronwalk Guf Breeze FL 32	563 B Remove
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lf an eff Note:	fective date If the dat	if other that is listed, the da e inserted in a ctive date on	ite must be spe his block do	cific and es not m	cannot be sect the ar	prior to dat oplicable s	of filing or tatutory fil	more than 90 ing requiren	(option days after fi nents, this	iling.) Pursi	uant to 605 sot be liste	.0207 ed as
e recor rd is fi		s a delayed e	fective date,	but not a	an effecti	ve time, a	t 12:01 a.m	n, on the earl	ier of: (b)	The 90th	ı day after	the
Dated	_6	<u>/8</u>	}	,	202	$\frac{23}{\sqrt{a}}$	2,,					
			Signat	ure of a m	ember or	authorized	representati	ve of a memb	er	<u> </u>		

Filing Fee: \$25.00