## L23000355136

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08/08/23

## **COVER LETTER**

CHD IFCT.	COMMERC	CIAL CAPITAL CREATIONS, LLC				
SUBJECT:	Name of Limited Liability Company					
The enclosed	l Articles of .	Amendment and fee(s) are submitted for filing.				
Please return	all correspo	ndence concerning this matter to the following:				
		BRIAN M. O'CONNELL.				
		Name of Person				
		Firm/Company				
		PO BOX 3795				
		Address	75.3 7.11			
TEQUESTA, FL 33469						
		City/State and Zip Code  BMOC 1955@gmail.com  E-mail address: (to be used for future annual report notification)	-0 PH			
For further in	nformation co	oncerning this matter, please call:	PH 7: 33			
HEIDI SHIF		at ()				
	Name of	Person Area Code Daytime Telephone Number				
Enclosed is a	check for th	e following amount:				
\$25,00 F	Filing Fee	☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & S60.00 Filing Certificate of Status Certified Copy (additional copy is enclosed)	f Statu py			

TO:

Registration Section Division of Corporations

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

COMMERCIAL CAPITAL CREATIONS, LLC	
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	<del>-</del>
The Articles of Organization for this Limited Liability Company were filed on JULY 27, 2023	_ and assigned
Florida document number L23000355136	- 0
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	
COMMERCIAL CAPITAL CREATION, L.L.C.	
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbrev	riation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
	<u>-</u>
Enter new mailing address, if applicable:	
(Mailing address MAY RF A POST OFFICE ROY)	1 = 1
(7) (The second	(3-7)
B. If amending the registered agent and/or registered office address on our records, enter the name of agent and/or the new registered office address here:	the new registe
agent and/or the new registered office address here:	
Name of New Registered Agent:	
New Registered Office Address:  Enter Florida street address	

## 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.

City

Zip Code

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being adde or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
		<del></del>	□Remove
			□Change
		<del></del>	□Add
			□Remove
			Change
			Add  Co  SSC PERcinove  Find Till Remove  Co  Co  Co  Co  Co  Co  Co  Co  Co  C
			□Add
			□Remove
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			Change
		·	□Add
			□Remove
			□ Change