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(Requestor's Name)
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COVER LETTER

TO: Registration Se Division of Cor			
	N & ART LLC		
SUBJECT:	Name of Limi	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
	ondence concerning this matter		
	CRISTEL ALEJANDRA	MORALES FARINAS	
		Name of Person	
	CC DESIGN & ART LLC		
		Firm/Company	
	17030 COLLINS AVENU	E #131	
		Address	
	SUNNY ISLES BEACH, I	FL 33160	
		City/State and Zip Code	
	farinasm.cristel@gmail.con	to be used for future annual repor	notification)
For further information e	oncerning this matter, please c		
CRISTEL MORALES		786 660478.	3
Name o	f Person	Area Code Da	aytime Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre Registration	Section	Street Addre Registration	n Section
Division of C P.O. Box 631	•		Corporations of Tallahassee
Tallahassee.			onroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CC DESIGN & ART LLC		
(Name of the Limited Liability Com (A Florida Limited	pany as it now appears on our records.) d Liability Company)	
The Articles of Organization for this Limited Liability Compar	ny were filed on 09/25/2023	and assigned
Florida document number 1.23000444598		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	ability company here:	
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation "LLC" or the	ne abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
		- 1 2 C
		H > 100
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		<u> </u>
		= = = = = = = = = = = = = = = = = = = =
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	e address on our records, <u>enter the i</u>	name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	l
	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 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>	Address	Type of Action
MGR	CRISTEL A MORALES	2201 SOLE MIA SQUARE LANE	= Add
	-	APTO, 206. NORTH MIAMI, FL 33181	□Remove
			□Change
			□Add
			□Remove
			□Change
			🗆 🗆 Add
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	lay after the
nted SEPTEMBER 25 . 2023	
Signature of a member of a member	

Filing Fee: \$25.00