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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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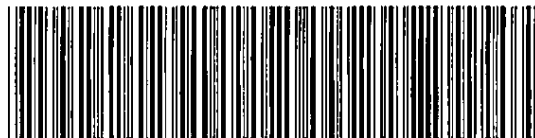
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CC DESIGN & ART 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:

CRISTEL ALEJANDRA MORALES FARINAS

Name of Person

CC DESIGN & ART LLC

Firm/Company

17030 COLLINS AVENUE #131

Address

SUNNY ISLES BEACH, FL 33160

City/State and Zip Code

farinasm.cristel@gmail.com

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

For further information concerning this matter, please call:

CRISTEL MORALES

786 6604783
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 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

CC DESIGN & ART LLC

If Changing Registered Agent, Signature of New Registered Agent

MGR = Manager
AMBR = Authorized Member

AMBR = Authorized Member

[illegible]

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STATIONARY
TALLAHASSEE FL 32304

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TALLAHASSEE FL 32304

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated SEPTEMBER 25, 2023

CRISTEL A MORALES

Filing Fee: \$25.00