## L23000503475

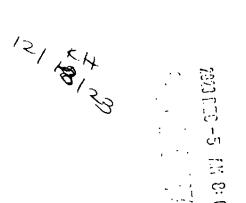
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(Document Number)	_
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## **COVER LETTER**

Division of Corporations
SUBJECT: CCD Precision Remodeling UC 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:
Clayton C Dougherty Name of Person
CCD Precision Remodeling UC Firm/Company
701 Nardello Dr. Address
Deltona Fl 32725 City/State and Zip Code
ZXCdougher Language annual report notification)  E-mail address: (to be used for future) annual report notification)
For further information concerning this matter, please call:
Olyton Cougherty at 321, 404 9407  Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)

Mailing Address:

TO:

**Registration Section** 

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

(Name of the Limited Liability Co (A Florida Limi	mpany as it now abpears on our records.) ted Liability Company)	
The Articles of Organization for this Limited Liability Comp. Florida document number <u>L2300503415</u>	any were filed on _\\\10612023	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited l	iability company here:	
The new name must be distinguishable and contain the words "Limited L	iability Company," the designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<del></del>
(Principal office address MUST BE A STREET ADDRESS	2	
		يدع
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		· · · · · ·
B. If amending the registered agent and/or registered offi agent and/or the new registered office address here:	ce address on our records, <u>enter the n</u>	ame of the new registered
		ं नि
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Florida	
	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

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an effective date is list lote: If the date ins	ther than the date sted, the date must be spectred in this block do date on the Departn	ecific and co	annot be prio et the appli	r to date of filing cable statutory	g or more than 9	0 days after fil	ing.) Pursuant	to 605.020 se listed a
record specifies a d l is filed.	lelayed effective date.	but not ar	n effective	time, at 12:01	a.m. on the ea	rlier of: (b)	The 90th da	y after the
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ated <u>Noven</u>	nber 29  Clay C				ntative of a men	ber		

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	Clayton C Dougherty	701 Nardello Dr. Deltona FC 32725	<b>X</b> Add
	Laigner		□Remove
		-10-2-3-3-3-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	□Change
			□Add
			□Remove
			Change
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			□Remove
<u>.</u>			□ Change □ Add
			Remove
			□Add
			□Remove
			Change
			□Add
			□Remove
			□Change