

L24000043107

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

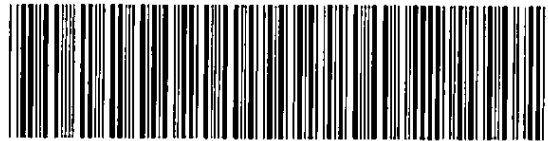
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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03/20/14 -01020 -010 *\$55.00

FILED

2024 MAY -2 AM 9:40

CLERK OF COURT
CLERK OF COURT



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 3, 2024

ONEIL SAMUELS
12000 DANDELION CT
LEESBURG, FL 34788

SUBJECT: CC92 SOLUTIONS LLC
Ref. Number: L24000043107

We have received your document for CC92 SOLUTIONS LLC and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days of your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Kiora Hester
Regulatory Specialist II

Letter Number: 324A00007085

2024 MAY -2 AM 9:40

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: CC92 SOLUTIONS 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:

KARIM HAUGHTON

Name of Person

CC92 SOLUTIONS LLC

Firm/Company

5416 NW 27TH ST

Address

MARGATE, FL 33063

City/State and Zip Code

CC92SOLUTIONS@GMAIL.COM

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

For further information concerning this matter, please call:

KARIM HAUGHTON

954 945-0524
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

FILED
2024 MAY - 2 AM 9:40
TALLAHASSEE, FL

FILED

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

CC92 SOLUTIONS LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 1/23/24 and assigned
Florida document number L24000043107.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

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

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>	<u>Address</u>	<u>Type of Action</u>
AMBR	KARIM HAUGHTON	5416 NW 27TH ST	<input checked="" type="checkbox"/> Add
		MARGATE, FL 33063	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	ONEIL SAMUELS	12000 DANDELION CT	<input checked="" type="checkbox"/> Add
		LEESBURG, FL 34788	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	GREGORY SPENCE	3408 SW 67 LANE	<input checked="" type="checkbox"/> Add
		MIRAMAR, FL 33023	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	HORACE IVEY	2434 NW 55TH WAY	<input checked="" type="checkbox"/> Add
		LAUDERHILL, FL 33313	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	ATURFINGERRIP SERVICES LLC	3408 SW 67 LANE	<input checked="" type="checkbox"/> Add
		MIRAMAR, FL 33023	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove


FILED
2024 MAY 2 AM 9:44
CLERK OF DISTRICT COURT
STATE OF FLORIDA
MIRAMAR, FL

2024 MAY - 2 AM 9:41
EC. HARRY, STATE
CALIF. ASS. E.F.

FILED
2024 MAY -2 AM 9:41
FBI - TAMPA
COMMUNICATIONS SECTION

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Dated APRIL 16, 2024


Signature of a member or authorized representative of _____

Signature of a member or authorized representative of a member

KARIM HAUGHTON

Typed or printed name of signee