## 12400046245

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(Add	ress)	
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(City	/State/Zip/Phor	ne #)
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## **COVER LETTER**

	egistration Sec vision of Corp			*
SUBJECT		me Correction CKUC Name of Lim	CK C'S HOLDING	SLLC
The enclose	ed Articles of A	amendment and fee(s) are sub-	nitted for filing.	
Please retur	n all correspon	dence concerning this matter	to the following:	
		Donald Castagnero		
			Name of Person	
		CKUCK C'S Holdings LLC	C	
			Firm/Company	
		3023 COUNTRY LAKE D	DRIVE	
			Address	<del>-</del>
		SEBRING FOLRIDA		
			City/State and Zip Code	<del></del>
		DON@DCINSPECTIONS		
			to be used for future annual report notified	airon)
For further	information co	ncerning this matter, please ca	ll:	
DONALD	CASTAGNER	0	772 285 0171 at ( )	
	Name of	Person		clephone Number
Enclosed is	a check for the	following amount:		
□ <b>\$</b> 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)
	uiling Address: gistration Se		Street Address: Registration Secti	on

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

CKUCK C'S HOLDINGS LLC		
(Name of the Limited Liabil (A Florid	ity Company as it now appears on our records. a Limited Liability Company)	)
The Articles of Organization for this Limited Liability C	Company were filed on 01/24/2024	and assigned
lorida document number L24000046245	<u>_</u> ·	
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
CHUCK C'S HOLDINGS LLC		
The new name must be distinguishable and contain the words "Lin	nited 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 ADD	RESS)	
		, 4
		• :
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)	<del></del>	
I. If amending the registered agent and/or registere gent and/or the new registered office address here:	d office address on our records, <u>enter t</u> l	he name of the new regis
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	imer rioriaa street address	
	, Flor	
	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
			□Add
			□ Remove
			□Change
			\ \ \ \ \ \ \
			□Remove
			☐ Change
			□Add
			☐Change
		□Add	
		□Remove	
			□ Change
		<del></del>	🗆 Add
	<del> </del>	□ Remove	
			☐ Change
			\ \ \ \ \ \
			□Remove
			□Change

NOTE:	tive date, if other than the date of filing:
f the record is fi	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ided.
	2/07/2024
Dated	