1240004310452

	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instructions	s to Filing Officer:
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11/20/24--01011--016 **25.00

FILED 2024 NOV 20 PH 5: 04

COVER LETTER

TO: Registration Section Division of Corporations

à

C&C Trading Ventures LLC SUBJECT:

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Correction and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Aubrey Birrell

Name of Person

Prime Corporate Services

Firm/Company

5250 S Commerce Dr Ste 200

Address

Murray, UT 84107

City/State and Zip Code

llcsupport@primecorporateservices.com

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

For further information concerning this matter, please call:

Aubrey Birrell	855 at ()	577-4639		
Name of Person	ar () Area Code	Daytime Telephone Number		
Mailing Address:	<u>S</u>	itreet Address:		
Registration Section	R	Registration Section		
Division of Corporations	Division of Corporations Division of Corpora			
P.O. Box 6327	T	The Centre of Tallahassee		
Tallahassee, FL 32314	<u>2</u>	415 N. Monroe Street, Suite 81		
]	fallahassee. FL 32303		

Enclosed is a check for the following amount:

■\$25 Filing Fee

S30 Filing Fee & Certificate of Status □\$55 Filing Fee & Certified Copy \$60 Filing Fee. Certificate of Status & Certified Copy 0

STATEMENT OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

FILED 2024 NOV 20 PH 5:04 Pursuant to section 605.0209, F.S., this document is being submitted to correct a previously filed document.;

FIRST: The name of the limited liability company is:____

011 0 0 M M		24000400402
SECOND:	The Florida Document number of the limited liability company is:	
	The Horida Docament hamoer of the minited monity company is.	

Articles of Organization for Florida Limited Liability Company THIRD:

(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT

1.2.1000.136.152

図 Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:

The name of the second member Christina S Mata is incorrectly spelled. The corrected name of this member is

Cristina S Mata.

OR

Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

<u>OR</u>

The electronic transmission of the record was defective.

Signature of Aphorized Representative

Signature of new registered agent. if applicable :(NOTE: if correcting the registered agent, the new registered agent must sign accepting the designation).

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. Thereby confirm that the limited liability company has been notified in writing of this change.

anlos,

Registered Agent's Signature

Filing Fee: Certified Copy: \$25.00 \$30.00 (optional)

CR2E062 (9/15)