

L24000441186

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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(Business Entity Name)

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10/28/24--01032--016 \*\*25.00

2024 OCT 28 AM 10:14  
CLERK OF STATE  
TALLAHASSEE, FL

FILED

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: CC AND SON 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:

PAUL T CASH  
Name of Person  
CC AND SON SOLUTIONS LLC  
Firm/Company  
43436 THOMAS CREEK RD  
Address  
CALLAHAN FLORIDA 32011  
City/State and Zip Code  
CCANDSONSOLUTIONSLLC@GMAIL.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

PAUL T. CASH  
Name of Person  
864 441-2167  
at ( )  
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

SECRETARY OF STATE  
TALLAHASSEE, FL

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

CC AND SON 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 10/16/2024 and assigned  
Florida document number L24000441186.

This amendment is submitted to amend the following:

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

CC AND SON SOLUTIONS LLC

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)

43436 THOMAS CREEK RD

CALLAHAN FLORIDA 32011

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:

PAUL T. CASH

New Registered Office Address:

43436 THOMAS CREEK RD

*Enter Florida street address*

CALLAHAN

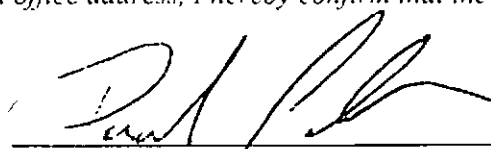
*City*

Florida 32011

*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

FILED  
2024 OCT 18  
10:14  
STATE  
TALLAHASSEE, FL

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	SARAH M CASH	43436 THOMAS CREEK RD	<input type="checkbox"/> Add
		CALLAHAN FLORIDA 32011	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	PAUL T CASH	43436 THOMAS CREEK RD	<input type="checkbox"/> Add
		CALLAHAN, FLORIDA 32011	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	TERRY L CRAWFORD JR.	1429 DONALD ST	<input checked="" type="checkbox"/> Add
		JACKSONVILLE, FLORIDA 32205	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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[illegible]

**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 OCTOBER 18TH 2024

Typed or printed name of signee

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2024 OCT 28 AM 10:14  
CLERK OF STATE  
TALLAHASSEE, FL

**Filing Fee: \$25.00**