

L23 000 323 463

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



500429543675

05/13/24 -01011--017 \*\*25.00

FILED  
24 MAY 13 PM 1:45  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: CCDI, 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:

John Taft

\_\_\_\_\_  
Name of Person

CCDI, LLC

\_\_\_\_\_  
Firm/Company

109 Cleveland Ave

\_\_\_\_\_  
Address

Cocoa Beach, FL 32931

\_\_\_\_\_  
City/State and Zip Code

johnt@ccdiusa.com

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

For further information concerning this matter, please call:

John Taft

321 537-6636  
at ( )

\_\_\_\_\_  
Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

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

CCDI, 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 July 10, 2023 and assigned  
Florida document number L23000323463.

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)

FILED  
24 MAY 13 PM 1:45  
CLERK OF CIRCUIT COURT  
JACKSONVILLE, FLORIDA

**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         | John Taft       | 109 Cleveland Ave, Cocoa Beach, FL 32931 | <input checked="" type="checkbox"/> Add    |
|              |                 |  | <input type="checkbox"/> Remove            |
|              |                 |  | <input type="checkbox"/> Change            |
| AMBR         | Stephanie Goins | 109 Cleveland Ave, Cocoa Beach FL, 32931 | <input type="checkbox"/> Add               |
|              |                 |  | <input checked="" type="checkbox"/> Remove |
|              |                 |  | <input type="checkbox"/> Change            |
|              |                 |  | <input type="checkbox"/> Add               |
|              |                 |  | <input type="checkbox"/> Remove            |
|              |                 |  | <input type="checkbox"/> Change            |
|              |                 |  | <input type="checkbox"/> Add               |
|              |                 |  | <input type="checkbox"/> Remove            |
|              |                 |  | <input type="checkbox"/> Change            |
|              |                 |  | <input type="checkbox"/> Add               |
|              |                 |  | <input type="checkbox"/> Remove            |
|              |                 |  | <input type="checkbox"/> Change            |
|              |                 |  | <input type="checkbox"/> Add               |
|              |                 |  | <input type="checkbox"/> Remove            |
|              |                 |  | <input type="checkbox"/> Change            |

[illegible]

If the record 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 record is filed.

\_\_\_\_\_  
Signature of a member or authorized representative of a member

Typed or printed name of signee

**Filing Fee: \$25.00**