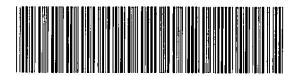
L23 000 323 463

(Re	equestor's Name)	
(Ad	idress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phon	ne #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
(Do	cument Number)
Certified Copies	Certificate	s of Status
Special Instructions to	Filing Officer:	





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24 MAY 13 PH 1: 45

COVER LETTER

TO: Registration Division of	on Section Corporations		
CCDI,	LLC		
SUBJECT:	Name of Lis	mited Liability Company	
The enclosed Article	s of Amendment and fee(s) are su	bmitted for filing.	
Please return all corr	espondence concerning this matte	r 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 re	port notification)
For further information	on concerning this matter, please o	call:	
John Taft		321 537-6	6636
Nat	me of Person	at () Area Code	Daytime Telephone Number
Enclosed is a check f	or the following amount:		
\$25.00 Filing Fee	c \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclos	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Add</u> Registratio	on Section		on Section
Division o	of Corporations	Division of	of Corporations

P.O. Box 6327 Tallahassee, FL 32314

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 Comp. (A Florida Limited	ny as it now appears on our records Liability Company)	<u>.)</u>
Γhe 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 liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		24
Principal office address MUST BE A STREET ADDRESS)		***
	-	· · · · · · · · · · · · · · · · · · ·
		A m
Inter new mailing address, if applicable:		
• • •		
Mailing address MAY BE A POST OFFICE BOX)		57. 5
3. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter t</u>	he name of the new registere
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flor	rida
	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>	Address	Type of Action
AMBR	John Taft	109 Cleveland Ave, Cocoa Beach, FL 32931	= Add
			□Remove
			□ Change
AMBR Stephanie Goins	Stephanie Goins	109 Cleveland Ave, Cocoa Beach FL, 32931	□Add
			🖺 Remove
			□ Change
			□Add
			□Remove
			□Change
			Remove
			□ Change
			□Add
			□Remove
			☐ Change
			DAdd
			□ Remove
			□ Change

	
=	
fan effecti <u>Vote:</u> If i	date, if other than the date of filing: April 24, 2024 (optional) ve 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 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as a effective date on the Department of State's records.
record s f is filed.	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ated	5May2024
	Signature of a member or authorized representative of a member
	7

Filing Fee: \$25.00