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| (Requestor's Name) |
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| (Address) |
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| (City/State/Zip/Phone #) |
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| PICK-UP WAIT MAIL |
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| (Business Entity Name) |
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| Codified Coding |
| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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Office Use Only



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COVER LETTER

Registration Section Division of Corporations

TO:

| CCDI, LI. | .C | | |
|--|--|---|---|
| SUBJECT: | Name of Lim | ited Liability Company | |
| The enclosed Articles of | of Amendment and fee(s) are sub | mitted for filing. | |
| Please return all corresp | oondence 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 not | ification) |
| For further information | concerning this matter, please c | all: | |
| John Taft | | 321 537.6636 at () | |
| Name | of Person | at () Area Code Daytin | ne 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 Addr Registration Division of P.O. Box 63 Tallahassee, | Section Corporations 27 | Street Address: Registration Se Division of Co The Centre of 2415 N. Monro | rporations |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CCDLLLC

2024."" 29 Fii 5: 33

| CCDI, LLC | | | (11.13) |
|--|--|-----------------------------|---------------------------|
| (Name of the Lim | ited Liability Company as it now (A Florida Limited Liability Con | appears on our records.) | |
| | (At Florida Emilied Emacine) Con | itanis) | ÷. |
| ne Articles of Organization for this Limited I | iability Company were filed | on July 10, 2023 | and assigned |
| orida document number 1.23000323463 | | | |
| ma document namer | | | |
| is amendment is submitted to amend the fol | lowing: | | |
| . If amending name, enter the new name o | of the limited liability comp | any here: | |
| | | · | |
| e new name must be distinguishable and contain the | words "Limited Liability Company | "the designation "LLC" or | the abbreviation "L.L.C." |
| | | | |
| iter new principal offices address, if appli | | | |
| Principal office address MUST BE A STREA | ET ADDRESS) | | |
| | | | |
| | | | |
| nter new mailing address, if applicable: | | | |
| failing address MAY BE A POST OFFICE | | | |
| | | | |
| | | | |
| If amending the registered agent and/or | registered office address on | our records, enter the | name of the new regis |
| ent and/or the new registered office addre | - | | |
| | | | |
| Name of New Registered Agent: | John Taft | | |
| | 109 Cleveland Ave | | |
| New Registered Office Address: | | nter Florida street address | |
| | | | 27021 |
| | Cocoa Beach | , Florid | a |
| | 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> | Name | Address | Type of Action |
|--------------|------|---------|----------------|
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|), 11 am | ending any other information, enter change(s) here: (Attach additional sheets, if necessary.) |
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| (If an eff Note: | July 25, 2024 (optional) ective date, if other than the date of filing: (optional) ective 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 (3)(b) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ent's effective date on the Department of State's records. |
| the recor | d 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 ed. |
| Dated | · |
| | |
| | Signature of a member or authorized representative of a member |
| | John Taft |
| | Typed or printed name of signee |