	Division of Corporations Electronic Filing Cover Sheet
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To:	Division of Corporations Fax Number : (850)617-6383
From:	Account Name : CORPORATE CREATIONS INTERNATIONAL INC. Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)694-1639
annual	email address for this business entity to be used for future . report mailings. Enter only one email address please.** Address:
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Page 5 of 7 To:

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Zip Code

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ARTICLES OF AMENDMENT
ТО
<b>ARTICLES OF ORGANIZATION</b>
OF

Pebb Enterprises.	LLC			
(Name of the Limited Liability Company as (A Florida Limited Liability)	lt now appears on our records.) ty Company)			
The Articles of Organization for this Limited Liability Company were Florida document number	filed on <u>7/24/2003</u>	and a	ssigned	I
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 Co	mmany." the designation "L1C" or the a	bbreviation "	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)				
		<u><u> </u></u>		
B. If amending the registered agent and/or registered office	eddress on our records, enter	the Baime		0 <b>B</b> 01
registered agent and/or the new registered office address here:	addition of the technology <u>entry</u>	<u>َ { { } } }</u>		
		SEE.	N T	1
Name of New Registered Agent:				E
New Registered Office Address:	Enter Florida street address	-07	<u>.</u>	
		NOA	G	
	Florida			

## 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.

City

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

MGR = Manager

itle	Name	Address	Type of Actio
1GR	COC Management, LLC	7900 Glades Road, Suite 260	🖸 Add
		Boca Raton, FL 33434	Remove
			Change
MGR	COC Project Holdings, LLC	7900 Glades Road, Suite 260	Add
		Boca Raton, FL 33434	
		····	
			<b></b>
			Remove
			Change
			Adà
			Remove
			Change
			🗖 Add
			Remove
			Change

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

age 7 of 7	2016-07-12 20 49:50 (GM	T) 15618282262	From: Valerie Hawk-
D. If amending any other	information, enter change(s) here: (Attach a	dditional sheets, if necessary.)	
······································			
	······································		
			15 J
Note: If the date inserior	than the date of filing:	(optional) g or more than 90 days after filing.) Pair y filing requirements, this date with >	not be ligged as the
If the record specifies a (b) The 90th day after	delayed effective date, but not an effect the record is filed.	ive time, at 12:01 a.m. on t	he earlier of:
Dated July 12	2016		
	Signature a member or authorized represer	stative of a member	
	Signature a normoer or autionzed represer		-

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Typed or printed name of signee

Page 3 of 3

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