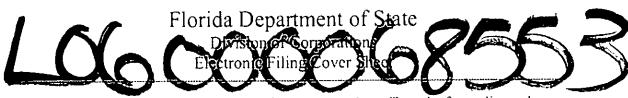
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TO:18506176383 FROM:7864716986

Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CRISTINA MORENO P.A.

Account Number : I20210000071 Phone : (954)232-3452 Fax Number : (954)232-3452

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: | lcanterberry@mwbm.com

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **CC1 COMPANIES LLC**

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Certificate of Status	0
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Page Count	04
Estimated Charge	\$25.00

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Help LEMIEUX APR 27 2022 Page: 2 04/26/2022 11:05 AM TO:18506176383 FROM:7864716986

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

FAX AUDIT NUMBER: H220001507433

ARTICLES OF ORGANIZATION OF

CC1 COMPANIES 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, 2006 and assigned Florida document number L06000068553
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:
CMC COMPANIES 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)
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:
New Registered Office Address:
Enter Florida street address SS T
, Florida , Flor
City Sip 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

Page	: •	3	04/26/2022	11:05 AM	TO:18506176383	FROM: 7864716986 UMBER: PIZZUMIDU/433
	If ar	non	ding Authorized Per	reants) authorized to	manage, enter the title, t	name, and address of each person, being add

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
			□Add
			□Remove
			☐ Change
			DAdd
			Remove
			☐ Change
			🗀 Add
			□Remove
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FAX AUDIT NUMBER: H220001507433

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Note: If	date, if other than the date of filing:	.0207 ( ed as t
ne record s ord is filed	occifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after	r the
Dated	APRIL 22 2022	
LARCU	m 197	
	Signature of a member or authorized representative of a member	

Typed or printed name of signee