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EXAMINE

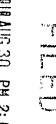
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2018 AUG 30 PM 2: 45 Recharge of State Allahassee fights



COVER LETTER

TO: Registration S. Division of Co.				•
SUBJECT: CCM	nc Gainesville Name of Lin	e Holdings, LLC		
The enclosed Articles of	Amendment and fee(s) are su	abmitted for filing.		
Please return all correspo	ondence concerning this matte	er to the following:		
		Name of Person Nore Company Firm/Company		
		no Drive, #200	A Section 1	2018 AUG 30
	Tampa, Clewis@ba E-mail address:	FL 33619 City/State and Zip Code WShorecompany.C (to be used for future annual report notifica	OW ation)	WG 30 PM 2: 45
For further information co	oncerning this matter, please	call:		55
Christopher	Person	at (813) 621 819 Area Code & Daytime 7	Pelephone Number	
Enclosed is a check for th	e 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 enc	

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
.Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CCMC Gainesville (Name of the Limited Liabi	Holdings, LLC	ars on our records.)	_ 	_	
(A Florid	<mark>lity Company as it now appea</mark> la Limited Liability Company)	, on our records,			
The Articles of Organization for this Limited Liability	Company were filed on <u>D</u>	3/22/200	an an	d assigi	ned
Florida document number <u>LØ7ØØØ31</u>	149				
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the li	mited liability company he	<u>re</u> :			
The new name must be distinguishable and end with the v "L.L.C."	vords "Limited Liability Comp	any," the designation	"LLC" or	the abb	 previation
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET AD)	DRESS)		r- per		
			20	AUG	
			داللہ ویاں مالہ ویاں	30	Constitute annual fiels
Enter new mailing address, if applicable:	•		77	_	المعارسيان ع
(Mailing address MAY BE A POST OFFICE BOX)			5.50	3	:=0.04.0
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			£.**	ज	
B. If amending the registered agent and/or regregistered agent and/or the new registered office ad	istered office address on o	our records, <u>enter</u>	the nan	ne of t	he new
		•			
Name of New Registered Agent:			·		
New Registered Office Address:					
-	En	ter Florida street ac	ddress		
	, Florida				
	City		Zip C	2ode	

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 608, 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 the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

MGRM = Managing Member <u>Title</u> Name Address Type of Action MGRM Christopher R. Lewis MGRM Claire Lewis marm Christopher R. Lewis, Jr. MGRM 4609 Clarksdale Ln. Brandin, FC 33619 \square Add D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) _, 2010 Signature of a member or authorized representative of a member . Lewis
Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00