107000053747

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



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12/21/17--01028--005 **25.00

COVER LETTER

| TO: | Registration Sec Division of Corp | | | |
|-----------|--------------------------------------|--|---|---|
| S110 1124 | CBS 1, LLC | | | |
| SUBJE | CT: | | ited Liability Company | |
| The encl | osed Articles of a | Amendment and fee(s) are sub- | mitted for filing. | |
| Please re | etum all correspo | ndence concerning this matter | to the following: | |
| | | Jason M. Lazar | | |
| | | | Name of Person | |
| | | Investments Limited | | |
| | | | Firm/Company | |
| | | 215 N Federal Highway | | |
| | | | Address | · · · · · · · · · · · · · · · · · · · |
| | | Boca Raton FL 33432 | | |
| | | | City/State and Zip Code | |
| | | jlazar@investmentslimited.c | com to be used for future annual report notifi | |
| For furth | ner information co | oncerning this matter, please ca | | Katton) |
| Jason La | | | 561 3928920 at () | |
| | Name of | f Person | Area Code Daytime | Telephone Number |
| Enclose | d is a check for th | ne 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 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

| CBS 1, LLC | | | |
|---|---|--|-------------------------|
| (Name of the Lim | ited Liability Compa (A Florida Limited) | iny as it now appears on our records.) (lability Company) | |
| the Articles of Organization for this Limited I Iorida document number 1.07000053747 | Liability Company | were filed on May 21, 2007 | and assigned |
| his amendment is submitted to amend the fol | lowing: | | |
| a. If amending name, enter the new name | of the limited liab | ility company here: | |
| he new name must be distinguishable and contain the | words "Limited Liabi | lity Company," the designation "LLC" or the | e abbreviation "L.L.C." |
| nter new principal offices address, if appli | cable: | 215 N Federal Highway | |
| Principal office address MUST BE A STRE. | ET ADDRESS) | Boca Raton FL 33432 | |
| inter new mailing address, if applicable: | | 215 N Federal Highway | |
| met new maning address, it applicable: Mailing address MAY BE A POST OFFICE | E BOVI | Boca Raton FL 33432 | · |
| Walling uduress MAT BE A FOST OF FICE | <u> BUA)</u> | | |
| 3. If amending the registered agent and egistered agent and/or the new registered of | | | er the name of the |
| Name of New Registered Agent: | James H. Batm | asian | |
| New Registered Office Address: | 215 N Federal I | | |
| | Boca Raton | Enter Florida street address , Florida | 55元 5 33432 |
| | | , FIOTIGA | Zin Coda |

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 1 of 3

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> | <u>Address</u> | Type of Action |
|--------------|-----------------------|-----------------------|------------------------|
| MGR | James H. Batmasian | 215 N Federal Highway | ■ Add |
| | | Boca Raton FL 33432 | □ Remove |
| | | | Change |
| MGRM | Charles P. Schwaderer | 48 NE 1st Avenue | |
| | | Boca Raton FL 33432 | ■ Remove |
| | | | ☐ Change |
| | | | |
| | | | ☐ Remove |
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| | | | — □ Re move |
| | | | 955 |

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Filing Fee: \$25.00