L080000536/3

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
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(Do	cument Number)	1
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SEP 1 1 2013

COVER LETTER

TO: Registration Sec Division of Corp		•	
SUBJECT:CC	MC F3B, L Name of Limit	ed Liability Company	
The enclosed Articles of A	amendment and fee(s) are sub-	mitted for filing.	*
Please return all correspon	dence concerning this matter	to the following:	
	KARLYN F	Name of Person	 _
	THE BAYSH	DRE Company Firm/Company	
	9331 ADAM	Address	•
·		L 3BIO19 City/State and Zip Code T @ RANSHORE(OMPAN	mas.ka
For further information co	E-mail address: (to	T BAYSHORE COMPAN be used for future annual report notificati	on)
VARLYN R Name of	EMMERT Person	at (<u>813</u>) <u>579 - 87</u> Area Code & Daytime Te	20 Elephone Number
Enclosed is a check for the	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 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**

CCMC F&E	3, LLC		
(<u>Name of the Limited Liabilit</u> (A Florida	ty Company as it now app Limited Liability Company	ears on our records.)	
The Articles of Organization for this Limited Liability (Florida document number	–	05/30/2008	and assigned
This amendment is submitted to amend the following: A. If amending name, enter the new name of the lim	nited liability company l	iere:	FILE 13 SEP -9 SEGRETARY SEGRETARY
The new name must be distinguishable and end with the wo "L.L.C."	ords "Limited Liability Com	npany," the designation "LL	SE 0
Enter new principal offices address, if applicable:			DA 42
(Principal office address MUST BE A STREET ADD	RESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered agent and/or the new registered office add		n our records, enter th	e name of the new
Name of New Registered Agent:			
New Registered Office Address:		Enter Florida street addre	ess
	City	, Florida	Zip Code
New Registered Agent's Signature, if changing Registere	•		гір Сойе

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>	<u>Name</u>	Address	Type of Action
MGRM	CHRISTOPHER LEWIS	9331 ADAMO DIZ	Add
	·	SUITE 200	Remove
		TAMPA, FZ 331019	
MGPM	J CLIFF LONGSHORE	9331 ADAMO DR.	Add
		SUITE 3 00	Remove
		TAMPA, FL 33619	
			Add
		ALL ALL	
		AMASSE	題るに
			Add
		· · · · · · · · · · · · · · · · · · ·	Remove
			_
			Add
			Remove
			_
			_ Add
			Remove

D. Af am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
: ,	
Dated	June 11th , 2013
	The best
	Signature of a member or authorized representative of a member
	Typed or printed name of signee

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Filing Fee: \$25.00

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