

LOF000 117495

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

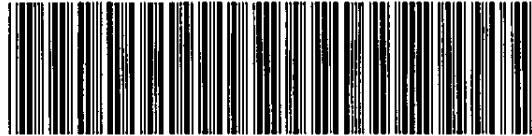
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
15 FEB -2 AM 9:44

J. Stroms FEB 10 2015

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** CC North, LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Carolina Ramirez Lira  
Name of Person

\_\_\_\_\_  
Firm/Company

18246 Collins Avenue  
Address

Sunny Isles, FL 33160  
City/State and Zip Code

carolina@optimar.net  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Carolina Ramirez Lira at (305) 947-0477  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the 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

CCNORTH, 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 12/12/2008 and assigned  
Florida document number L08000113495.

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 end with 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:

Advanced Management Services TLO, LLC.

New Registered Office Address:

18246 Collins Avenue

Enter Florida street address

Sunny Isles

City

Florida

33160

Zip 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

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager  
 AMBR = Authorized Member

Title                      Name                                      Address                                      Type of Action

MGR                      Jorge Gleizer                                      18246 Collins Ave.                                       Add

Sunny Isles, FL 33160                                       Remove

MGR                      Advanced Management                                      18246 Collins Ave                                       Add  
Services TMO, LLC.

Sunny Isles, FL 33160                                       Remove

\_\_\_\_\_                      \_\_\_\_\_                                      \_\_\_\_\_                                       Add

\_\_\_\_\_                      \_\_\_\_\_                                      \_\_\_\_\_                                       Remove

\_\_\_\_\_                      \_\_\_\_\_                                      \_\_\_\_\_                                       Add

\_\_\_\_\_                      \_\_\_\_\_                                      \_\_\_\_\_                                       Remove

\_\_\_\_\_                      \_\_\_\_\_                                      \_\_\_\_\_                                       Add

\_\_\_\_\_                      \_\_\_\_\_                                      \_\_\_\_\_                                       Remove

\_\_\_\_\_                      \_\_\_\_\_                                      \_\_\_\_\_                                       Add

\_\_\_\_\_                      \_\_\_\_\_                                      \_\_\_\_\_                                       Remove

SECRETARY OF STATE  
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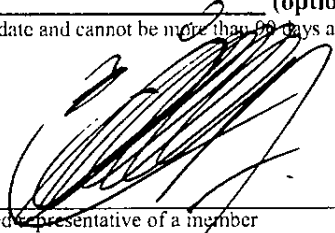
D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated January 26<sup>th</sup> , 2015



Signature of a member or authorized representative of a member

Jorge Gleizer

Typed or printed name of signee

15 FEB - 2 AM 9:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

SECRET