

L10000020839

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** CCP Legacy 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:

Linda McGurn

\_\_\_\_\_  
Name of Person

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

101 SE 2nd Place #202

\_\_\_\_\_  
Address

Gainesville, FL 32601

\_\_\_\_\_  
City/State and Zip Code

linda@mcgurn.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Linda McGurn

352 372-6172 x5

\_\_\_\_\_  
Name of Person

at (\_\_\_\_\_) \_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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**

CCP LEGACY 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 02/24/2010 and assigned  
Florida document number L10000020839.

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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**Enter new principal offices address, if applicable:**

502 NW 16th Avenue

**(Principal office address MUST BE A STREET ADDRESS)**

Gainesville, FL 32601

**Enter new mailing address, if applicable:**

101 SE 2nd Place #202

**(Mailing address MAY BE A POST OFFICE BOX)**

Gainesville, FL 32601

**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:

Linda C. McGurn

New Registered Office Address:

101 SE 2nd Place #202

*Enter Florida street address*

Gainesville

Florida 32601

*City*

*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.*

  
Linda C. McGurn

If Changing Registered Agent, Signature of New Registered Agent

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>	<u>Type of Action</u>
MGR	McGurn Management Company	101 SE 2nd Place #202	<input checked="" type="checkbox"/> Add
		Gainesville, FL 32601	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Greenwich Green LLC	502 NW 16th Avenue	<input checked="" type="checkbox"/> Add
		Gainesville, FL 32601	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Convergent Mangement LLC	4600 West Cypress Street	<input type="checkbox"/> Add
		Suite 120	<input checked="" type="checkbox"/> Remove
		Tampa, FL 33607	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

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

17 3:53  
REGISTRY OF STATE  
MILWAUKEE, FLORIDA

**RECEIVED**

**15 DEC -7 PM 3:53**

FEDERAL BUREAU OF INVESTIGATION  
U.S. DEPARTMENT OF JUSTICE  
WASHINGTON, D.C.

TELETYPE UNIT  
FLOOR SIX  
WASHINGTON, D.C.

TO DIRECTOR  
FROM SAC, NEW YORK  
SUBJECT: [Illegible]

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

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated December 5 , 2015

  
Signature of a member or authorized representative

Signature of a member or authorized representative of a member

Kenneth R. McGurn

Typed or printed name of signee