

L11000055950

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

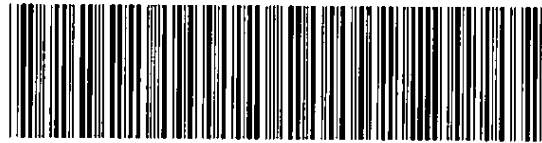
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700398930227

N/C & Amend

2022 DEC 14 PM 2:42

2022 DEC 14 AM 10:23

FILED

A. RAMSEY

DEC 15 2022

Incorporating Services, Ltd.

1540 Glenway Drive
Tallahassee, FL 32301
850.656.7956
Fax: 850.656.7953
www.incserv.com
e-mail: accounting@incserv.com



ORDER FORM

TO Florida Department of State
The Centre of Tallahassee
2415 North Monroe Street, Suite 810
Tallahassee, FL 32303
corphelp@dos.myflorida.com
850-245-6051

FROM Melissa Moreau
mmoreau@incserv.com
850.656.7953

REQUEST DATE 12/14/2022

PRIORITY Regular Approval

OUR REF # (Order ID#) 1102808

ORDER ENTITY

CC RESIDENTIAL, LLC

PLEASE PERFORM THE FOLLOWING SERVICES:

CC RESIDENTIAL, LLC (FL)

File the attached amendment

NOTES:

\$25.00 Authorized

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

A handwritten signature in black ink, appearing to be "MM" or similar initials, written over a horizontal line.

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CC RESIDENTIAL, 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:

ANDREW BURNHAM

Name of Person

WHITE OAK DEVELOPMENT

Firm/Company

12460 WEST ATLANTIC BLVD

Address

CORAL SPRINGS, FL 33071

City/State and Zip Code

ABURNHAM@WHITEOAKFL.COM

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

For further information concerning this matter, please call:

ANDY BURNHAM

954 224-4292
at (_____) _____
Area Code Daytime Telephone Number

Name of Person

Enclosed is a check for the following amount:

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

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED

2022 DEC 14 AM 10:23

CC RESIDENTIAL, 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 5/11/11 and assigned
Florida document number L11000055950.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

WHITE OAK DEVELOPMENT GROUP, LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

12460 WEST ATLANTIC BLVD

(Principal office address MUST BE A STREET ADDRESS)

CORAL SPRINGS, FL 33071

Enter new mailing address, if applicable:

12460 WEST ATLANTIC BLVD

(Mailing address MAY BE A POST OFFICE BOX)

CORAL SPRINGS, FL 33071

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:

ANDREW BURNHAM

New Registered Office Address:

12460 WEST ATLANTIC BLVD

Enter Florida street address

CORAL SPRINGS

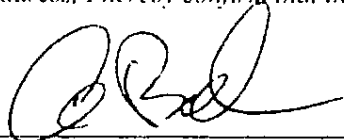
Florida 33071

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.



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	ANDREW BURNHAM	12460 WEST ATLANTIC BLVD	<input checked="" type="checkbox"/> Add
		CORAL SPRINGS, FL 33071	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
CEO	JAMES CARR		<input type="checkbox"/> Add
		2020 SALZEDO STREET, STE 200	<input checked="" type="checkbox"/> Remove
		CORAL GABLES, FL 33134	<input type="checkbox"/> Change
VP	HAROLD EISENACHER		<input type="checkbox"/> Add
		2020 SALZEDO STREET, STE 200	<input checked="" type="checkbox"/> Remove
		CORAL GABLES, FL 33134	<input type="checkbox"/> Change
VP	RAFAEL ROMERO		<input type="checkbox"/> Add
		2020 SALZEDO STREET, STE 500	<input checked="" type="checkbox"/> Remove
		CORAL GABLES, FL 33134	<input type="checkbox"/> Change
P	ANDREW BURNHAM		<input type="checkbox"/> Add
		2020 SALZEDO STREET, STE 200	<input checked="" type="checkbox"/> Remove
		CORAL GABLES, FL 33134	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

[illegible]

E. Effective date, if other than the date of filing: 12/31/22 (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 13, 2022

[Handwritten signature]

Signature of a member or authorized representative of a member

ANDREW BURNHAM

Typed or printed name of signee

Filing Fee: \$25.00