L12000058750

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COVER LETTER

Div	ision of Corp	orations		
SHRIECT.	CPAC OAK	LAND UNIVERSITY MANA	AGING MEMBER, LLC	
SUBJECT: Name of Limited Liability Company				
The enclosed	l Anicles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return	all correspon	dence concerning this matter	to the fallowing:	
		Mark Weinberg		
Name of Person				
		Gray Robinson PA		
Firm/Company				
333 SE 2nd Ave. Suite 3200				
			Address	
		Miami, FL 33131		
			City/State and Zip Code	
		E-mail address: (L	o be used for future annual report notific	ation)
For further in	iformation cor	ncerning this matter, please ca	II:	
Mark Weinb	сгд		305 416-6880	
	Name of I	Person	at () Area Code Daytime T	elephone Number
Enclosed is a	check for the	following amount:		
□ \$25.00 Fi	iling 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

TO:

Registration Section

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

CPAC OAKLAND UNIVERSITY MANAGING MEMBER, 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 05/01/2012 __ and assigned Florida document number L12000058750 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 "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Malling 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: New Registered Office Address: Enter Florida street address . Florida

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

Title	<u>Name</u>	Address	Type of Action
MGR	CPAC Lake Ingraham LP	2121 Ponce de Leon Blvd, #1250	
		Coral Gabies, FL 33134	□ Remove
			□ Change
MGR	Alan Esquenazi	2121 Pance de Leon Blvd, #1250	🗖 Add
		Coral Gables, Fl. 33134	■ Remove
			Change
			Remove
			Change Add C
			□ Remove
			
			□ Remove
		 · ·	□ Change
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			□ Change

D. If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
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(If en eff <u>Note:</u>	ive date, if other than the date of filing: (optional) fective 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 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed tent's effective date on the Department of State's records.	.0207 (3)(b) ed as the
If the red (b) The	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlie 90th day after the record is filed.	er of:
Dated	November 14 2017	
	11.01-	
	Signature of a member or authorized representative of a member	
	Warren Weiser Typed or printed name of signee	

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Filing Fee: \$25.00