L12000005029

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H12000148030 3)))

H12000148030 3ABCT

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : BARNETT, BOLT, KIRKWOOD, LONG & MOORIDE
Account Number : 072731001155
Phone : (813)253-2020
Fax Number : (813)251-6711

FILED
12 JUN -5 AM 11:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
CCP 3224 HORATIO, LLC

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	$30.00

RECEIVED
12 JUN -5 PM 12:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

JUN 06 2012

EXAMINER

Electronic Filing Menu Corporate Filing Menu Help

H12000148030

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CCP 3224 HORATIO, 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 05/14/2012 and assigned Florida document number L12000065029.

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)

FILED
12 JUN -5 AM 11:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

City, Florida *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 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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

H12000148030

MGR = Manager
MGRM = Managing Member

Title	Name	Address	Type of Action
MGRM	CREDENCE CAPITAL PAR	5680 W CYPRESS ST SUITE A TAMPA, FL 33607	☐ Add ☑ Remove
MGRM	CREDENCE FINANCIAL,	5680 W CYPRESS ST SUITE A TAMPA, FL 33607	☑ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove

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

FILED
12 JUN -5 AM 11:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Dated JUNE 04, 2012

Signature of a member or authorized representative of a member

BRIAN LAMB
Typed or printed name of signee

H12000148030 **Filing Fee: $25.00**