2/2000/09000

(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:

A. LUNT

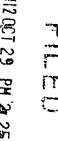
OCT 31 2012

EXAMINER

Office Use Only



800241044188



10/29/12--01017--022 **25.00

COVER LETTER

Division of Co	orporations				
SUBJECT:	CCP STO	ONECREST LLC			
	Name of Lim	ited Liability Company	_		
The enclosed Articles of	of Amendment and fee(s) are su	bmitted for filing.			
Please return all corresp	condence concerning this matte	r to the following:		2 2	
	8 1 - 50	MICHELLE DY			
		Name of Person			
	CONVE	112 OCT 29 PN 2 25			
		2011年			
	4600 WEST	CYPRESS STREET SUITE	120	gr e	
		Address			
,	•	TAMPA FL 33607			
		City/State and Zip Code			
	MICHELL E-mail address: (E@CONVERGENTCAP.COI to be used for future annual report notifica	tion)		
For further information	concerning this matter, please	call:			
М	ICHELLE DY	at (_813_)3	86-4908		
Name of Person		Area Code & Daytime 7	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)	Certified (of Status &	
	LING ADDRESS:	STREET/COURIE	R ADDRESS:		
Registration Section		Registration Section			

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CC	PSTONE	CRESTILLC			
(Name of the Limited Li (A F	ability Compar lorida Limited L	ny as it now appears Jiability Company)	s on our records.		
The Articles of Organization for this Limited Liab Florida document numberL120001090	• • •	were filed on	08/23/2012	and assign	ied
This amendment is submitted to amend the follow A. If amending name, enter the new name of the	Ü	ility company here	THE STATE OF THE S	1812 OCT 29	
The new name must be distinguishable and end with t "L.L.C."	he words "Limi	ted Liability Compan	ny," the designation "l	PC7 or the abbi	•
Enter new principal offices address, if applicab	le:	4600 WEST C	YPRESS STRE	ET '	
(Principal office address MUST BE A STREET ADDRESS)		SUITE 120			
		TAMPA FL 33	607 US		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		4600 WEST C SUITE 120	YPRESS STRE	ET	····
		TAMPA FL 33	607 US.		
B. If amending the registered agent and/or registered agent and/or the new registered offic . Name of New Registered Agent:			ur records, <u>enter t</u>	the name of t	he new
New Registered Office Address:	4600 WEST CYPRESS STREET SUITE 120				
Enter Florida street address					
		TAMPA	, Florida	33607	
		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 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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	CONVERGENT MANAGEMENT LLC	3105 WEST WATERS AVENUE. SUITE 107 TAMPA FL 33614 US	Add Remove
MGR_	CONVERGENT MANAGEMENT LLC	4600 WEST CYPRESS STREET SUITE 120 TAMPA FL 33607 US	✓ Add Remove
· · · ·		·	Add Remove
			Add Remove
	·		□Add □Remove
			Add Remove
D. If ame	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	MIZOCT 29
-			E B IM
Dated	10/25/2012,	- Sala	ຜ າ
		r authorized representative of a member 5 4 Govind a ray printed name of signee	

Page 2 of 2

Filing Fee: \$25.00