To:



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Τc	:				

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

From:

Email Address:_

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2022 JUI: 10 AU10: 33

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Account Name	:	BURR & FORMAN LLP
Account Number	:	119990000278
Phone	:	(407)540-6600
Fax Number	:	(407)540-6601

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

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN CRA CENTRAL FLORIDA #1, LLC

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Page 4 of 6 2	022-06-10 08:05:43 (COT	14075409523		From: Anthon	y Justi
	Tt	RGANIZATIO		₽ ••		
CRA Central Florida #1, LLC	ed I Isbility Compa	ny as if now appears on	our records.)	<u> </u>		
	(A Florida Limited I	ny as it now appears on indility Company)	<u>, , , , , , , , , , , , , , , , , , , </u>			
The Articles of Organization for this Limited Li	ability Company	were filed on January	17, 2013	an	d assigned	
Florida document number L13000009264	·					
This amendment is submitted to amend the follo	wino.					
This amendment is submitted to amend the follo	wing.					
A. If amending name, enter the new name of	the limited liab	ility company here:				
The new name must be distinguishable and contain the wa	and a WE instead & inhib	in Company" the design	ation "LLC" or the	abbreviatio	m "LLC"	
		3894 48th Ave. S			2	
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		St. Petersburg, FL 3	3711		022	
				<u> </u>		
				<u> </u>		
		3894 48th Ave. S		· -		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		St. Petersburg, FL 3	3711	·····.	 9	
				:		
			<u></u>			
B. If amending the registered agent and/or r agent and/or the new registered office addres	registered office : s <u>s here</u> :	address on our reco	rds, <u>enter the n</u>	ame of th	e new registered	
Name of New Registered Agent:	-,			<	·····	
New Registered Office Address:						
		Enter Florida	iveet address			

New Registered Agent's Signature, if changing Registered Agent:

To:

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.

City,

If Changing Pegistered Agent, Signature of New Registered Agent

Fiorida

Zip Code

14075409523

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>	Name	Address	Type of Action
MGR	Síxta G. Lawrence	3894 48th Ave. S	🗆 Add
		St. Petersburg, FL 33711	🗆 Remove
			EChange
<u></u>			Add
			/ 🗇 Change
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			Change
		<u></u>	🗆 Add

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

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	, 2022
Ath	W. Jutia Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member
Anthony W. Justice	Authorized Rep.

Typed or printed name of signee