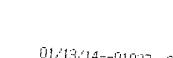
L13000041221

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	: #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

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2014 JAN 13 PH 2: 00
SECRETARY OF STATE
TAIL AHASSEF, FLORIDA

JAN 2 9 2013 T. **HAMPTON**

COVER LETTER

TO: Registration Section Division of Corpo			
SUBJECT:	s-America	OP, LLC	
	Name of Limite	ed Liability Company	
The enclosed Articles of Ar	mendment and fee(s) are subn	nitted for filing.	
Please return all correspond	lence concerning this matter to	o the following:	
	Tara	Mc Cou	
		Name of Person	
	C5-1	Name of Person America OP L Firm/Company	10
		Firm/Company /	
	2455 E	Sunrise Blv	d
		Address	
	Ft. Laud	erclale FL, 3 City/State and Zip Code	330 <u>4</u>
	E-mail address: (to	b be used for future annual report notificat	$\frac{1.0}{1.0}$
For further information con	cerning this matter, please cal		,
Tara M	1c Coy	at (404) 862 - Area Code Daytime Te	1074
Name of P	erson	Area Code Daytime Te	lephone Number
Enclosed is a check for the	following amount:		
□ \$25.00 Filing Fee	□\$30.00 Filing Fee & Certificate of Status	\$3\$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

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301



January 15, 2014

TARA MCCOY 2455 E SUNRISE BLVD FT LAUDERDALE, FL 33304

SUBJECT: CS-AMERICA OP LLC Ref. Number: L13000041221

We have received your document for CS-AMERICA OP LLC and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Operating Agreements are not filed with this office.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tammy Hampton Regulatory Specialist III

Letter Number: 814A00001042

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CC AMEDICA OR LLC

	Community is a second of the s
(Name of the Limited Liability (A Florida L	Company as it now appears on our records.) Limited Liability Company)
The Articles of Organization for this Limited Liability Con Florida document number	empany were filed on Morch 15,2013 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limite	ed liability company here:
The new name must be distinguishable and end with the words "Limi	ited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	2014 SE TAL
(Principal office address MUST BE A STREET ADDRE	
	ASSE TI
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	PH 2: 01 E. FLORID
B. If amending the registered agent and/or registe	ered office address on our records, enter the name of the ne
registered agent and/or the new registered office addre	ess here:
Name of New Registered Agent:	
New Registered Office Address:	-
	Enter Florida street address
	, Florida
	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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member Title Type of Action Name **Address** #11)3 Vladimir Kudyakov 1994 ESun rise Blud x Add MBR Fort Lauderdall FL: 33304 1994 E Sunrise Blud # 203 Dan Oran MBR fort Lauderdale, FL 33304 #z03 1994 E Sunrise Blud MGR Anthony Laward fort lauderdall Remove 1,33304 AMBR ExeFred Vetensky Add 11 ☐ Remove ~ 11 11 Iſ AMBR YP. Kent Gibson Add Is 11 □ Remove lr U

D. If ame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	President Vladimir Kudyakov
_	Operations Manager Danoran
_	VP: Fred Vetensky
	Exp VP: Kent-Bibson.
(The effe	ve date, if other than the date of filing:
Dated _	Jon 22 , 2014 REG, AGRAT Signature of department or authorized representative of a member
	Signature of a member or authorized representative of a member ANTHONY LAWAND
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

FILED

2014 JAN 13 PM 2: 00

SECRETARY OF STATE
SECRETARY OF STATE