L13 000055/31

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K. SALY JUN - 9 2017

COVER LETTER

Div	ision of Corpor	ations			
SUBJECT:	CPAC HEATH	IROW OFFICE, LLC			
SCESECT.		Name of Limi	ted Liability Company		
The enclosed	d Articles of Am	endment and fee(s) are subn	nitted for filing.	,	
Please return	all corresponde	ence concerning this matter t	o the following:		
			Name of Person		_
			Firm/Company		_ lark S. Weinberg, ESQ
					Gray Robinson, P.A. 333 S.E. 2ND Avenue
			Address		Sulte 3200 Miami, Florida 33131
			City/State and Zip Code		_
	_		be used for future annual rep	ort notification)	
		erning this matter, please ca			
	MARK	Weinberg	at (30T)	116 6680	
	Name of Per	rson	Area Code	Daytime Telephone Numb	er
Enclosed is a	check for the fo	ollowing amount:			
\$25.00 F	iling Fee [□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclose	ed) Certifie	ate of Status &

Registration Section

TO:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

£ 20.	TLED
TLAHASSI	Y OF STATE EE, FLORIDA

(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 4-15-2013Florida document number ______L13000055131. 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: (Mailing 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

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

, Florida

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>	<u>Name</u>	Address	Type of Action
MGR	Warren Weiser	2121 Ponce de Leon Blvd, #1250	
		Coral Gables FL 33134	■ Remove
			☐ Change
MGR	CPAC Heathrow Office MM, LLC	2121 Ponce de Leon Blvd, #1250	Add
		Coral Gables FL 33134	Remove
		 	Change
			Add
			Remove
			SSEE, FLDRIDA Change
			Add
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Effective date, if other than the date in an effective date is listed, the date must be a listed. If the date inserted in this block document's effective date on the Department.	specific and canno does not meet th	e applicable stat	filing or more than 90 utory filing requirem	(optional) days after filing.) Pursents, this date will i	uant to 605.0207 not be listed as
e record specifies a delayed e The 90th day after the record	ffective date, I is filed.	but not an ef	fective time, at 1	.2:01 a.m. on t	he earlier of
lated May 31	201	.7			
	1 / 1		resentative of a membe		

Page 3 of 3

Filing Fee: \$25.00