L14000080935

(Req	uestor's Name)	
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SEP 1 7 2014

T. BROWN

COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT:

CCG ELITE REALTY, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

GUIOMAR ZAPATA

Name of Person

CCG ELITE REALTY, LLC

Firm/Company

10631 N KENDALL DRIVE SUITE 207

Address

MIAMI, FLORIDA 33176

City/State and Zip Code

CCGELITEREALTY@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

GUIOMAR ZAPATA

_{ar} 305, 807-337

Name of Person

Area Code

Daytime 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) □ \$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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

CCG ELITE REALTY, LLC

ALEGICA PARES (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 Compa	ony were filed on 05/19/2014	and assigned
Florida document number L1400080935		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	iability company here:	
The new name must be distinguishable and end with the words "Limited I	Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<u></u>	
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>	
Enter new mailing address, if applicable:		- A - A - A - A - A - A - A - A - A - A
(Mailing address MAY BE A POST OFFICE BOX)		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
B. If amending the registered agent and/or registered registered agent and/or the new registered office address b		ter the name of the new
registered agent and/or the new registered office address t	ierę.	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	Zip Code
	City	ZID COAC

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Carol Arostegui	8475 SW 156 Ct #322	2 □ Add
		Miami, Fl 33193	Remove
MGR	Irving Zamora	PO BOX 832479	 ■ Add
		MIAMI, FL 33283	□ Remove
			□ Remove
			□ Add
			_□ Remove
			Add
			_□ Remove
			_□ Remove

İfameı	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	
_	
_	
_	
The effec	ve date, if other than the date of filing: (optional) tive date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after this document is filed by the Florida Department of State)
Dated	SEPTEMBER 04 2014
	APP.
	Signature of a member or authorized representative of a member GUIOMAR ZAPATA
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00