L14000194533

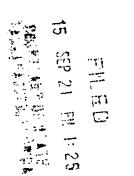
(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

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M. MILLIGAN EXAMINER

SEP 2 5 2015

Name Ches,

COVER LETTER

Division of Co	rporations		
CCI-15819	9, LLC		
SUBJECT:	Name of Lim	ited Liability Company	,
The enclosed Articles of	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	JONATHAN KASSOLIS		
		Name of Person	
	CONSOLIDATED CLEA	NERS, INC	
		Firm/Company	· · · ·
	8050 TRAIL BLVD		
		Address	
	NAPLES, FLORIDA 3410	08	
	 	City/State and Zip Code	
	JON.K@CCI-TDC.COM		
	E-mail address: (to be used for future annual report no	tification)
For further information	concerning this matter, please co	all:	
JONATHAN KASSOL	IS	410 790-4771 at ()	
Name	of Person		me Telephone Number
Enclosed is a check for t	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:

TO:

Registration Section

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 OF

ARTICLES OF ORGANIZATION

CCI-15819, LLC

(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 L	iability Company	were filed on $\frac{12/2}{}$	and assigned
Florida document number L14000194533	·		
This amendment is submitted to amend the following	owing:		
A. If amending name, enter the new name of	f the limited liab	ility company her	<u>e</u> :
CCI-SOUTH FT. MYERS, LLC			
The new name must be distinguishable and contain the	vords "Limited Liabi	lity Company," the des	ignation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		Same Address	
(Principal office address MUST BE A STREI	ET ADDRESS)		
Enter new mailing address, if applicable:		Same Address	
(Mailing address MAY BE A POST OFFICE	BOX)		
B. If amending the registered agent and registered agent and/or the new registered of New Registered Agent:			our records, enter the name of the new
New Registered Office Address:	Same		
New Registered Office Address.		Enter Florid	la 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

<u>Title</u>	<u>Name</u>	Address	Type of Action
	N/A		
			□ Remove
			☐ Change
			□ Add
			□ Remove
			Change
			□ Add
			□ Remove
			□ Change
			□ Add
			□ Remove
			☐ Change
		**************************************	□ Add
			Remove
			☐ Change
			Add
			☐ Remove
			□ Change

	JUST CHANGING THE NAME FROM CCI-15819, LLC TO CCI-SOUTH FT. MYERS, LLC.
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(lfane <u>Note</u>	(optional) (Itective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(by If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ment's effective date on the Department of State's records.
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.
Dated	September 16, 2015.
	Signature of a member or authorized representative of a member
	Jonathan Kassolis Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00