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JUN 1 2 2015 J. HARRIS *LEO J. CUSHING KEVIN N. DOLAN

OF COUNSEL MARSHALL S. DAVIS

*ALSO ADMITTED NEW HAMPSHIRE BAR

**ALSO ADMITTED PENNSYLVANIA BAR

***ALSO ADMITTED NEW YORK BAR

****ALSO ADMITTED RHODE ISLAND

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EMAIL: LCUSHING@CUSHINGDOLAN.COM WWW.CUSHINGDOLAN.COM

*ANN M. CUSHING GLEN F. SUTHERLAND **TODD E. LUTSKY JULIE M. PALMACCIO CAITLIN E. CONRY PAMELA R. TANKLE ****JOSEPH E. BROOKS BAILEY A. GOLDBERG CATHERINE E. ALOISI ADRIENNE R. LEVI ***LUKE C. BEAN JENNIFER O. CANCIAN THOMAS J. MCINTYRE ROSS A. KRAJEWSKI JOHN W. DONAHUE MICHAEL A. KASBERG AMY M. BROWN JILLIAN A. WICKMAN IAN P. FITZGERALD

June 10, 2015
Via Federal Express

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

RE: CORAL SPRINGS CCT, LLC

To Whom It May Concern:

Please find enclosed the Cover Letter and Articles of Amendment for the abovenamed limited liability company. Also enclosed, please find a check (#8298) in the amount of \$25 to cover the filing fee.

If you have any questions, please feel free to contact me directly at the above phone number.

Sincerely,

Bailey A. Goldberg, Esq.

Enclosures

COVER LETTER

	Division of	Corporations				
OX.		L SPRINGS CCT, LLC				
SU	BJECT:	Name of Limited Liability Company				
Th	e enclos e d Articles	es of Amendment and fee(s) are submitted for filing.				
Ple	ase return all corre	respondence concerning this matter to the following:				
		Bailey Goldberg, Esq.				
		Name of Person				
		Cushing & Dolan, P.C.				
		Firm/Company				
		375 Totten Pond Road, Ste. 200				
		Address				
		Waltham, MA 02451				
		City/State and Zip Code				
		bgoldberg@cushingdolan.com				
		E-mail address: (to be used for future annual report notification)				
Fo	r further information	ion concerning this matter, please call:				
В	niley Goldberg	617 523-1555 at ()				
Name of Person Area Code Daytime Telephone Number						
En	closed is a check f	for the following amount:				
	\$25.00 Filing Fee	Certificate of Status (additional copy is enclosed) 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 ARTICLES OF ORGANIZATION OF

CORAL	CPR	INCS	CCT	TI	
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(Name of the Llm	ited Liability Company as it now as (A Florida Limited Liability Compa	npears on our records.) any)	
The Articles of Organization for this Limited landscript landscrip	Liability Company were filed or	March 25, 2015	and assigned
his amendment is submitted to amend the fol	lowing:		
. If amending name, enter the new name	of the limited liability compan	ıy here:	
he new name must be distinguishable and contain the	words "Limited Liability Company,"	the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:		700
Principal office address MUST BE A STRE	ET ADDRESS)		
			SX - F
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)		<u> </u>	
victing duaress WAI BE A FOST OFFICE		 	- 즐기 - C
. If amending the registered agent and egistered agent and/or the new registered of New Registered Agent:		s on our records, <u>ente</u> s	the name of the
	5003 N TRAVELERS PALM	/ I ANE	······································
New Registered Office Address:		r Florida street address	, <u>, , , , , , , , , , , , , , , , , , </u>
	TAMARAC	, Florida <u>3</u>	3319
	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 Chapging Registered Agent, Signature of New Registered Agent

Page 1 of 3

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	ERIC T. RUBIN	5003 N TRAVELERS PALM	
		LANE	Remove
		TAMARAC, FL 33319	□ Change
MGR	BARRY R. RUBIN	5003 N TRAVELERS PALM	
		LANE	□ Remove
		TAMARAC, FL 33319	☐ Change
	***************************************		🖸 Add
			☐ Remove
			☐ Change
			
		nistina di	☐ Remove
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			SSCIED AND FED
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is listed, the date m inserted in this l	ust be specific and block does not n	cannot be pronect the app	licable statuto	ing or more than	90 days after fili	ng.) Pursuani	t to 605 be list	5.020 :ed a
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		Typed or pr	inted name of s	gnce		<u>- mg</u> 고요	P	
	is listed, the date me inserted in this l tive date on the l cifies a delaye	if other than the date of filing is listed, the date must be specific and inserted in this block does not notive date on the Department of Sciffies a delayed effective day after the record is filed.	if other than the date of filing: is listed, the date must be specific and cannot be precise inserted in this block does not meet the apprince date on the Department of State's record cifles a delayed effective date, but if y after the record is filed. Signature of a member or at RY R. RUBIN	if other than the date of filing: is listed, the date must be specific and cannot be prior to date of filining: inserted in this block does not meet the applicable statuto tive date on the Department of State's records. Cifies a delayed effective date, but not an effect y after the record is filed. RYR. RUBIN	if other than the date of filing: is listed, the date must be specific and cannot be prior to date of filing or more than inserted in this block does not meet the applicable statutory filing require tive date on the Department of State's records. Cifies a delayed effective date, but not an effective time, any after the record is filed. The state of a member or authorized representative of a member of a membe	if other than the date of filing:	if other than the date of filing:	if other than the date of filing:

Page 3 of 3

Filing Fee: \$25.00