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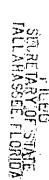
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COVER LETTER

TO: Registration Solution of Col				
SUBJECT:	CCSL, LLC Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspondent	ondence concerning this matter	to the following:		
	Amdrea CCSL, 4292 Cor,	Name of Person LLC Firm/Company ODRATE Square Address	Site.C	SECRETARY OF FLORIDA TALLAHASSEE, FLORIDA 16 OCT -3 PM 4: 53
	Maples F. Andrea. Fuller E-mail address:	City/State and Zip Code City/State and Zip Code City/State and Zip Code City/State and Zip Code	estis. com	PM 4: 53
For further information of	concerning this matter, please co	all:		
Andrea Name o	Fuller of Person	at (239) 687 Area Code Daytimo	7 – 5830 e Telephone Number	
Enclosed is a check for t	he 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 Statu Certified Copy (additional copy is encl	

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**

CCSL, LLC	
(Name of the Limited Liability (A Florida	ty Company as it now appears on our records. Limited Liability Company)
The Articles of Organization for this Limited Liability C	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limi	ited liability company here:
The new name must be distinguishable and contain the words "Limitation of the words "Limitation	ited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDR	NESS)
	S S S S S S S S S S S S S S S S S S S
Enter new mailing address, if applicable:	<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)	प्र वृति
B. If amending the registered agent and/or registered agent and/or the new registered office additional and the new registered of the new registered of the new registered of the new registered agent and the new registered agent agent and the new registered agent age	tered office address on our records, enter the name of the new ress 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	J 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

	g Authorized Person(s) authorized to a from our records:	manage, <u>enter the title, name, and address of eacl</u>	person being added
MGR = M $AMBR = A$	lanager Authorized Member		
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
President	John Pateick	3788 Harold Avenue	🗆 Add
		For myers, FL	Remove
			□ Change
V.P.	Greg Denton	20204 SE 39th Place	
	•	Sammanish, WA 980	75 Remove
			Ginge NHA
President	David N. Sexton	1292 Corporate Square.	St Condo
		Maples , F2 34164	Remove O
			Change □ Change
V.P.	Scott Robinson	5824 Precision Daive	■ Add
		Drlando, FL 32819	☐ Remove
			Change
			🗆 Add
			☐ Remove
			☐ Change
			Add
			C Remove

☐ Change

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n effect ote: If	e date, if other than the date of filing:
reco Γhe 9	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier 0th day after the record is filed.
ted	9/30 , 2016 .

Page 3 of 3

Filing Fee: \$25.00