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COVER LETTER

Division of Corpo	rations				
CN SUBJECT:	C Birmingham Investments	LLC			
	Name of Lin	nited Liability Company			
The enclosed Articles of An	nendment and fee(s) are sub	omitted for filing.			
Please return all corresponde	ence concerning this matter	to the following:			
		Carol Latimore			
•		Name of Person			
	CNC I	Birmingham Investments L L C		• • •	
		Firm/Company			
	12864	4 Biscayne Blvd., Suite 446		震る	
		Address		四四	77
		North Miami, FL 33181		72	CH-ED
		City/State and Zip Code		TING R	Ö
	E-mail address: (to be used for future annual report notif	ication)	ω	
For further information conc	erning this matter, please c	all:			
Carl Latimore		754 204 - 7360			
Name of Pe	erson	at () Area Code Daytime	Telephone Number	er	
Enclosed is a check for the f	ollowing amount:				
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certifie	ate of Status &	

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

CNC Birmingham Investi	ments L L C
(Name of the Limited Liability Company a (A Florida Limited Liabil	s it now appears on our records.) lity Company)
The Articles of Organization for this Limited Liability Company wer Florida document numberL15000081965	re filed onMay 08, 2015 and assigned
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 C	Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	12864 Biscayne Blvd., Suite 446
(Principal office address MUST BE A STREET ADDRESS)	North Miami, FL 33181
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	North Miami, FL 33181
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:	address on our records, enter the name of the new
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 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:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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		Miami, FL 33179	Remove Q
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Typed or printed name of signee

Filing Fee: \$25.00