Florida Department of State

Division of Comprations

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To:

Division of Corporations

Fax Number

: (850)617-6383

Fram:

Account Name : GASSMAN, CROTTY & DENICOLO, P.A.

Account Number : 075350000514 Phone : (727)442-1200

Fax Number : (727)443-5829

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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SECRETARY OF STATE ALLAHASSEE, FLORIDA

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Corporate Filing Menu

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Audi+ Fax # H160002603183

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Lim	ted Limbility Comp (A Florida Limited	any as it now appears on o Liability Company)	ur records.)	·	
The Articles of Organization for this Limited L Florida document number L15000146140	lability Company	were filed on 08/26/20	15	and assigned	
This amendment is submitted to amend the following	owing:				
A. If amending name, enter the new name of	f the limited liab	oility company here:			
The new name must be distinguishable and contain the v	vords "Limited Liabi	lity Company," the designat	ion "LJ C" or the abb	revintion". L C."	
Enter new principal offices address, if applic		1245 COURT STREE		250	
(Principal office address MUST BE A STREET		CLEARWATER, FL	33756	 	11
				720	-
Enter new mailing address, if applicable:		1245 COURT STREE	T	ਰੂ ਦ	TI D
(Mailing address MAY BE A POST OFFICE	<u>BOX</u>)	CLEARWATER, FL	33756	<u>}</u>	
			· · · · · · · · · · · · · · · · · · ·	- G3	
B. If amending the registered agent and registered agent and/or the new registered of Name of New Registered Agent:	or registered o Mice address her ALAN S. GAS	<u>e</u> :	records, <u>enter t</u>	he name of the nev	<u>~</u>
- · · · · · · · · · · · · · · · · · · ·	Hadito of Now Registers Aveni.				
New Registered Office Address:	1245 COURT STREET Enter Florida street address				
	CLEARWATE	er	, Florida 337:	56	
		City		Zip Code	
New Registered Agent's Signature, if changing	Registered Agent:				
I hereby accept the appointment as registere provisions of all statutes relative to the propaccept the obligations of my position as regi	er and complete	performance of my di	uties, and I am fa	miliar with and	:

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If Changing Registered Agent, Signature of New Registered Agent

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.

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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>	Name	Address	Type of Action
MGR	CHINTAN DESAI	9827 Meadow Field Cir.	□ Add
_		Tampa, FL 33626	■ Remove

MGR	CDMD MANAGEMENT, L.L.Ca.Colorado.limited.liability.company	1245 Court Street	≅ Add
		Clearwater, FL 33756	Remove
			S OC T
			Figure F D
			D Remove
			□ Change C
	·		☐ Remove
			□ Change
			D Add
			☐ Remove
	·	·	Change
			D Add
		Name of the state	Remave
			(T) Chance

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. 11 Hintel:	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	16 PCT 20 AM 8: 58 DIVISION OF CONSTRUCTORS
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Note: 11	re date, if other than the date of filing:
the reco) The 9	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated _	October 20 2016
	Signature of a member or authorized representative of a member
	ALAN S. GASSMAN, Authorized Representative

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Filing Fee: \$25.00