L15000 148702

(Requestor's Name)	
(Address)	—
(Address)	—
(City/State/Zip/Phone #)	_
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	—
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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: CC 1501 CLC	
Name of Limited Liability Co	mpany
The enclosed Articles of Amendment and fee(s) are submitted for filing	
Please return all correspondence concerning this matter to the following	
Christia	ne (00105171)
Name of 1	erson
- Chris	austruction LLC
Firm/Con	mpany [
	monwood D-
Addre	8
Boynton	Beach
City/State and	Zip Code
interiera	gale net
E-mail address: (to be used for fin	ure annual report notification)
For further information concerning this matter, please call:	
Christiane Coustern as	65 699 6778
Name of Person Area	Gode Daytime Telephone Number
	· ·
Enclosed is a check for the following amount:	
	TI 0.00 CO EW - F
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & \$\Bigcup \$55.00 F\\ Certificate of Status \$\Certificate \text{(additions)}\$	
MAILING ADDRESS:	STREET/COURIER ADDRESS:
Registration Section	Registration Section
Division of Corporations P.O. Box 6327	Division of Corporations Clifton Building
Tallahassee, FL 32314	266! Executive Center Circle
	Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CC 1501 LLC	
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	
(A Florida Limited Liability Company)	
The Articles of Organization for this Limited Liability Company were filed on 39 15 and assigned	
Florida document number <u>L15000148702</u>	
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 Company," the designation "LLC" or the abbreviation "L.L.C."	_
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	_
A SEL	
Enter new mailing address, if applicable:	_
(Mailing address MAY BE A POST OFFICE BOX)	
STATE OF THE STATE	
	_
B. If amending the registered agent and/or registered office address on our records, enter the name of the	е пе
registered agent and/or the new registered office address here:	
Name of New Registered Agent:	
Name Descriptions of Office Address:	
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 wi	th th
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 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.	1
company has been notified in writing of this change.	
If Changing Registered Agent, Signature of New Registered Agent	
2. Changing region of rights and an arrangement	

If amending Authorized Person(s) authorized to manage, ente or removed from our records:		anage, enter the title, name, and address of each person being added
MGR = N AMBR = A	Annager Authorized Member	
<u>Title</u>	<u>Name</u>	Address Type of Action
Mgx	Ca In vestment Trust	9815 Le monwood Dr Bynron Bard Fr 3343
		Remove
		Change
		□ Remove
		□ Change
		Remove
		Change
		□ Remove
		□ Change
		Remove
		Change
		Remove
		Change

Effective date, if other than the date of filing: an effective 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 Note: If the date inserted in hits block does not meet the applicable statutory filing requirements, this date will not be locument's effective date on the Department of State's records. The 90th day after the record is filed.	
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The 90th day after the record is filed.	
77	arfier
ated March 8th 2018	
(Tristiane Cadasten Mice	
Signature of a member or authorized representative of a member	-
Typed or printed name utsignee	

Page 3 of 3

Filing Fee: \$25.00