15000201963

(Danuarda Mana)
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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S. WARREN
JUL 27 2017

COVER LETTER

TO:

TO: Registration S Division of Co				
ero men	CCB REAL E	STATE GROUP, LLC		
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles o	of Amendment and fee(s) are sub	mitted for filing.		
Please return all corresp	oondence concerning this matter	to the following:		
		PABLO C. VERGARA		
		Name of Person		
		Firm/Company		
		12387 Jewel Stone Lane		
	•	Address		
		Fort Myers, FL 33913		
		City/State and Zip Code	_	
		paul@gpsnvision.com		
	E-mail address: (to be used for future annual report notif	ication)	
For further information	concerning this matter, please c	all:		
PABLO C. VERGAR	A	214 862-1887 at ()		
Name	of Person	Area Code Daytime	: Telephone Number	
Enclosed is a check for	the 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 Status & Certified Copy (additional copy is enclosed)	
MAI	LING ADDRESS:	STREET/COURT	ER 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

CCB REAL EST	ATE GROUP, LLC	
(Name of the Limited Lia) (A Flor	bility Company as it now appears on our record rida Limited Liability Company)	<u>(ls.)</u>
he Articles of Organization for this Limited Liability	Company were filed on 11/30/2015	and assigned
lorida document numberL15000201963		
his amendment is submitted to amend the following	:	
. If amending name, enter the new name of the li	imited liability company here:	
he new name must be distinguishable and contain the words "I	.imited Liability Company," the designation "LLC	C" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET AD	DRESS)	
nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
		
. If amending the registered agent and/or re	gistered office address on our record	ls, enter the name of the r
gistered agent and/or the new registered office a		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addre	rss.
	, F	lorida
_	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
AMBR	ORIETTA VERGARA	12387 Jewel Stone Lane	Add
		Fort Myers, FL 33913	□ Remove
			Change
			Add
		□ Remove	
			□ Change
			
		□ Remove	
		Change	
			Add
			□ Remove
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			Remove OND

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fan effe <u>Note:</u> I Jocume	date, if other than the date of filing: 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 605.020 me date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as a effective date on the Department of State's records. If specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of the day after the record is filed.
Dated _	July 19 th., 2017
Jaica _	
Jaica _	Signature of a member or authorized representative of a member
Jaieu _	PABLO C. VERGARA
Jaied _	

Filing Fee: \$25.00