

## Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet** 

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : GREENBERG TRAURIG (ORLANDO)

Account Number : 103731001374 : (407)418-2435 : (407)420-5909 Fax Number

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Email Address:\_

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN CC REALTY SERVICES, LLC

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CC REALTY SERVICES, LLC				
(Name of the Limit	ed Liability Comp. (A Florida Limited	nov as it now appears Liability Company)	on our records.)	<del></del>
The Articles of Organization for this Limited L. Florida document number <u>L15000203248</u>	iability Company	were filed on Dec	ember 9, 2015	and as needly 1510 a
This amendment is submitted to amend the following	owing:			11 35 11 35 12 15 15 15 15 15 15 15 15 15 15 15 15 15 15 15 1
A. If amending name, enter the new name o	f the limited liab	oility company he	<u>~e</u> :	P C
n/a				ation 1.1.C
The new name must be distinguishable and contain the w	voids "Limited Liab	ility Company," the de	signation "LLC" or the abbrevi	ntion T. L.C.
Enter new principal offices address, if applicable:		n/a		
(Principal office address MUST BE A STREE	T ADDRESS)			gyfings Taum an de fan Frestaldstyr, wat is an arrow
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	<u>BÓX)</u>	n/a		
B. If amending the registered agent and/or ragent and/or the new registered office address  Name of New Registered Agent:		address on our re	cords, <u>enter the name of</u>	the new registered
•				
New Registered Office Address:		Enter Flori	da street uddress	
			, Florida	
		City	7.1	ip Code
New Registered Agent's Signature, if changing I	Registered Agent:	i		
I hereby accept the appointment as registere provisions of all statutes relative to the propaccept the obligations of my position as regibeing filed to merely reflect a change in the company has been notified in writing of this	er and complete stered agent as registered office	performance of i provided for in C	ny duties, and I am famil hapter 605, F.S. Or. if th	liar with and is document is
	lf Chu	nying Registered Age	nt Signature of New Register	rd Agent

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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>	<u>Name</u>	Address	Type of Action
VP	Dianna Ibaria	2020 Salzedo Street, Suite 200	
		Coral Gables, FL 33134	Remove
			Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			☐ Change
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			□Add
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			□Add
////	15 (010 57)))		□Remove
(H21000	454918 3)))		□Change

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		Ö
		<del></del>
ote	tive date, if other than the date of filing:	ni to 605.01 Libe listed

If the rec record is filed.

Dated December 14	2021
Ph	Signature of a member or authorized representative of a member
Heather Irving,	Authorized Representative
	Typed or printed name of signes

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