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MAR 2 8 2017 S. YOUNG



COVER LETTER

TO: Registration Se Division of Cor				
SUBJECT: C	C INVESTORS Name of Lim	Group, LLC ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
	Christophu	LY RICCI Name of Person		
		Firm/Company		T. ES
	1408 NE :	24 Avenue		MAR 27
	Fort Laude	EVAALE FL 33 City/State and Zip Code	304	7 PM 2: 08
	CSROChei E-mail address: (SS RICCI. COM to be used for future annual report notif	ication)	931D)
For further information c	oncerning this matter, please ca	all:		
Cristina L	Lanos Person	at (954) 547- Area Code Daytime	0497 e Telephone Number	
Enclosed is a check for the	ne 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	
MAIL	ING ADDRESS:	STREET/COURI	ER ADDRESS:	

Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CAC Investors	Group, LLC	ords)
(A Flor	bility Company as it now appears on our recorda Limited Liability Company)	rus.)
The Articles of Organization for this Limited Liability Florida document number 上16000218031		Ol 6 and assigned
This amendment is submitted to amend the following	;	
A. If amending name, <u>enter the new name of the li</u>	imited liability company here:	
The new name must be distinguishable and contain the words "I	Limited Liability Company," the designation "L	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD	DRESS)	148 27 ST
		2 55
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		O S
B. If amending the registered agent and/or registered agent and/or the new registered office ac		ds, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addi	ress
		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
MGR	Cristina Llanos	1617 Fairway Rd	🗆 Add
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Filing Fee: \$25.00