## 1700000074

(Re	questor's Name)	
•	<b>,</b>	
(Ád	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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(50	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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K. SALY MAR - 6 2017

## COVER LETTER

TO:	Registration Section Division of Corpor	ations			
SUBJI	ECT:	<u> </u>	ted Liability Company	· 1+7	LLC
The en	closed Articles of Am	endment and fee(s) are subr	nitted for filing.		
Please	return all corresponde	nce concerning this matter t	to the following:		
	`	TIMOT	Name of Person	Invipi	17
		CFL C	n m cc/	1 Rec	1ty LLC
		1049 W	rinding W	ters	circle
		Winter	Springs City/State and Zip Col	FL	32708
	-	T/me E-mail address: (1	Tim . thy	PMV/A	y.com
For fu	rther information conc	erning this matter, please ca	ılt:	·	
_T	Im, the	MVPLZ	at ( Y 0 )	763 - Daytime Tele	- 0834 ephone Number
Enclos	sed is a check for the f	ollowing amount:	. /		
<b>₤</b> \$2	25,00 Fiting Fee	2\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fe Certified Copy (additional copy is		E\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING 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**

2017 MAR -3 PM 3: 32

TALLAHASSEE, FLORIDA

CFL Common Commo	ability Company as it now appears on our records.)  Application of the company of the control of
	ity Company were filed on December 30, 20,16
This amendment is submitted to amend the following	g:
A. If amending name, enter the new name of the  (5 wc) - CFL C2  The new name must be distinguishable and contain the words	limited liability company here:  2 mmcrch/ Reilty LLC  "Limited Liability Company," the designation "LLC" of the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET AL	(Same)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	(5-me)
B. If amending the registered agent and/or registered agent and/or the new registered office a	egistered office address on our records, enter the name of the new address here:
Name of New Registered Agent:	Timothy P. Murphy
New Registered Office Address:	1049 Winding Waters Cirde Enter Florida street address
-	Timothy P. Murphy  1049 Windin, Waters Circle  Enter Florida street address  Winter Springs, Florida 32708  City Type Code
New Registered Agent's Signature, if changing Registe	tered 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 Register Agent, Signature of New

Page 1 of 3

or removed from our records: MGR = Manager AMBR = Authorized Member Type of Action <u>Title</u> Address Name Timith, P. Murphy 1048 Winding Witers Circle
Winter Springs, FL 727 08
Winter Springs, FL 727 08 MGR circle CFL Investment Trustille Change **⊞**Add Remove Change ₩Add Remove Change ⊞Add Remove Change **⊞**Add Remove

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added

ZOITMAR -3 PM 3.32

TALLAHASSEE, FI. ORIOA

\_ Change

mending any other information, enter change(s) here: (Attach additional sheets, i)	•
•	ZOITMAR - 3 PM 3  TALLAHASSEE OF SIA
	TALLAHASSEE, FLORID
	**************************************
etive date, if other than the date of filing: $\frac{\int c}{\int c} \frac{F_i'   f_0}{\int f_0} \frac{D_i + e}{\int f_0'}$	- Effective Octe
ffective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days.  If the date inserted in this block does not meet the applicable statutory filing requirements ment's effective date on the Depurtment of State's records.	
ecord specifies a delayed effective date, but not an effective time, at 12:0 e 90th day after the record is filed.	01 a.m. on the earlier of:
February 20, 2017	
Signature of amember or authorized tepresentative of a member	
	/ / ~~
$T_{i}$	
Thatly P. hurphy Pressed  Typed or printed name of stance  CFL	lear of

Filing Fee: \$25.00