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Certified Copies	Certificates	of Status
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AND MAY 26 AN IO: 50 SECRETARY OF STATE MALL-DIASSEEL-FLOREN

DECENTED

D. BRUCE MAY 30 2017 CORPORATION SERVICE COMPANY
1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE: 659343 7886375

AUTHORIZATION

COST LIMIT : \$725.00

ORDER DATE: May 25, 2017

ORDER TIME : 10:08 AM

ORDER NO. : 659343-015

CUSTOMER NO: 7886375

DOMESTIC AMENDMENT FILING

NAME: CC1 FL LLC

EFFECTIVE DATE:

XX ARTICLES OF AMENDMENT
RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

XX PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Melissa Zender -- EXT# 62956

EXAMINER'S INITIALS:

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CC1 FL LLC		
(<u>Name of the Limited Liability</u> (A Florida L	Company as it now appears on our recordinited Liability Company)	<u>ds.</u>)
The Articles of Organization for this Limited Liability Con	mpany were filed on 03/15/2017	and assigned
Florida document number L17000059595		
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limite</u>	ed liability company here:	
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "LD	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRE	<u></u>	
		SEC. SEC.
		An s T
Enter new mailing address, if applicable:		SSA N
Muiling address MAY BE A POST OFFICE BOX)		
		P. Z
B. If amending the registered agent and/or registered agent and/or the new registered office addre	ered office address on our record	is, enter He name of the
egistered agent and/or the new registered office addit	33 1100	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addre	255
	, F	lorida
	City	лір Соае

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	COHANE, WILLIAM J	□ Add CHARLOTTE, NC 28203	
		CHARLOTTE, NC 28203	■ Remove
			Change
MGR	CC1 HOLDINGS LLC	1235-E EAST BLVD, SUITE 188	
		CHARLOTTE, NC 28203	□ Remove
			Change
			□ Add
			☐ Remove
		<u></u>	Change
			Remove 7021ee TALLAHA
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			☐ Remove
			□ Change

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tive date, if other than the date of filing: (optional) flective 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	te: If the cument's	date inserted in effective date or	this block does the Departmen	not meet the a t of State's rec	pplicable statu ords.	tory filing rea	quirements, this	date will not be lis	ted
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Filing Fee: \$25.00