L170001135	84
------------	----

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer.
Office Use Only



07/17/17--01013--005 \*\*25.00



.

D SCOTT AUG 2 2017

## COVER LETTER

. .

	stration Se sion of Cor					
(	CC 7526 S 1	TRYON ST CHARLOTTE NO	CLLC			
SUBJECT: _		Name of Lim	ited Liability Company			
The enclosed	Articles of a	Amendment and fee(s) are sub	mitted for filing.			
Please return a	all correspo	ndence concerning this matter	to the following:			
		Brian A George	1			
			Name of Person			
		Calas Group				
			Firm/Company			
		2000 Ponce de Leon Blvd.				
			Address			
		Coral Gables, FL 33134				
		bgeorge@calas.us	City/State and Zip C	ode		
For further in	formation c	E-mail address: ( oncerning this matter, please ca	to be used for future an	nual report notifi	cation)	
Brian A Geor			305	4955222		
	Name o	fPerson	at ( Area Code	) Daytime	Telephone Number	A J
Enclosed is a	check for th	ne following amount:				
■ \$25.00 Fi	ling Fee	□ \$30.00 Filing Fee & Certificate of Status	\$55.00 Filing   Certified Cop (additional copy)	у	□ \$60.00 Filing Fee. Certificate of Statuş & Certified Copy (additional copy is enclosed	م
RECEIVE: 2013 JUL 31 AM BE 28	Registr Divisio Poppo Talina	ING ADDRESS: ration Section on of Corporations ox 6327 assee, FL 32314	Regi Divi Clin 266	EET/COURIE stration Section sion of Corpora on Building Executive Cer ahassee, F1, 323	tions ter Circle	

ARTICLES OF AME	NDMENT
ТО	
ARTICLES OF ORGA	NIZATION
OF	
CC 7526 S TRYON ST CHARLOTTE NC LLC	
( <u>Name of the Limited Liability Company as it n</u> (A Florida Limited Liability C	now appears on our records.) Company)
The Articles of Organization for this Limited Liability Company were fil	led onand assigned
Florida document number L17000113584	
This amendment is submitted to amend the following:	
This amendment is submitted to amend the following.	
A. If amending name, enter the new name of the limited liability cor	mpany here:
The new name must be distinguishable and contain the words "Limited Liability Comp	pany," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office ad	ldress on our records, enter the name of the new
registered agent and/or the new registered office address here:	
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	-Zip Code -*:
New Registered Agent's Signature, if changing Registered Agent: City   I hereby accept the appointment as registered agent and agree to accept the appointment as registered agent and agree to accept the appointment as registered agent and agree to accept the appointment as registered agent and agree to accept the appointment as registered agent and agree to accept the appointment as registered agent and agree to accept the appointment as registered agent and agree to accept the appointment as registered agent and agree to accept the appointment agree to accept the a	, , , , , , , , , , , , , , , , , , ,
I hereby accept the appointment as registered agent and agree to ac	ct in this capacity. I further agree to comply with the

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply will 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

Page 1 of 3

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> being added <u>or removed from our records</u>:

## MGR = Manager AMBR = Authorized Member

· .

litle	<u>Name</u>	Address	Type of Actio
MGR	Ortega, Martha	8441 Insular Lane Orlando	Add
		FL 32827	Remove
			Change
1GR	Duran, Juan Pablo	2035 Dixie Belle Drive	🖬 Add
		Apto Q Orlando 32812	Remove
		<u> </u>	Change
			🗆 Add
			Change
			🗆 Add
		C Remove	
			Change
<u> </u>	<u> </u>		■ Add
			Remme
		Change	
	<u> </u>		Remma e ی آر Change
			Change