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Special Instructions to	Filing Officer:	





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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: CC 1 893 Concord Parkury South Concord NC LHC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filling.
Please return all correspondence concerning this matter to the following:
Brian George Name of Person
Calas Group Firm/Company
2000 Ponce de leon Blud.
Coral Gables, Fz 33134
City/State and Zip Code Depende a Calas. Us
B mail address (to be used for future annual report notification) For further information concerning this matter, please call:
Haula Garchez at (305) 4955222 SSR J
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\times \text{S30.00 Filing Fee & Certified Copy (additional copy is enclosed)} \text{ \$\frac{1}{2}\$ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)} \text{ \$\frac{1}{2}\$ \$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

CC1 893 Concord	Parkway South Concord NCL
(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on hul records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L17-000124469</u> .	were filed on $06/07/2017$ and assigned
This amendment is submitted to amend the following:	Company as it now appears on our records.)
A. If amending name, enter the new name of the limited liabi	<u>ility_company here</u> :
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," 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)	
	RDA S
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, 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) a	uthorized to manage,	enter the title,	name, and	address of each	person l	eing added
or removed from our records:	1					

MGR = Manager AMBR = Authorized Member Title **Address Type of Action** <u>Name</u> □ Change □ Add □ Remove ☐ Change □ Add ☐ Remove ☐ Change ___ Change ☐ Add ☐ Remove ☐ Change □ Add ☐ Remove

☐ Change

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Filing Fee: \$25.00