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## **COVER LETTER**

TO: Registration So Division of Cor					
CREP XIII					
SUBJECT:		ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	Arthur J. Kamp, Esq.				
		Name of Person			
	David, Kamp & Frank, L.I	C.			
FirmCompany					
	739 Thimble Shoals Boule	739 Thimble Shoals Boulevard, Suite 105			
		Address			
	Newport News, VA 23606				
		City/State and Zip Code			
	pjost@chandler.bz	to be used for future annual report notific			
For further information c	oncerning this matter, please co	·	action)		
Ann M. Joslin		757 595-4500			
Name o	of Person	at ()	Felephone Number		
Enclosed is a check for t	he following amount:				
□ \$25.00 Fiting 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)		

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

and assigned
he abbreviation "L.I.C."
ter the name of the new
ter the name of the new
<u>=</u>
Zip Code
1

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

Title	<u>Name</u>	Address	Type of Action
MGR	CRE Management, Inc.	11719-B Jefferson Avenue	
		Suite 103	<b>■</b> Remove
		Newport News, VA 23606	☐ Change
MGR	Paul C. Jost	1500 Ocean Drive	
		Unit 1105	
		Miami Beach, FL 33139	Change
			□ Add
			□ Remove
			☐ Change
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ctive date, if other than the	e date of filing:		(option	al)
ective date, if other than the	ist be specific and cannot be pr	rior to date of filing or	more than 90 days after fi	ling.) Pursuant to 605.02
e: If the date inserted in this buttern's effective date on the I	plack does not meet the app Departnient of State's recor	ds.	ng requirements, this c	late witchou be fisted
				3 <u>⊆</u>
ecord specifies a delaye	d effective date, but	not an effective	time, at 12:01 a.i	m. on the earlier
ne 90th day after the rec	cord is filed.		,	
June 26 ed	2017	·		7
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Fal	c Chil			
- / m	Signature of a member or a	41		

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Filing Fee: \$25.00