# 117000202063

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#### **COVER LETTER**

Division of Corp					
CD1 2250 C	CD1 2250 CHERRY RD. ROCK HILL YORK COUNTY NC. LLC				
	Name of Lim				
The enclosed Articles of a	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspor	ndence concerning this matter	to the following:			
	Brian George				
		Name of Person			
	Calas Group LLC				
		Firm/Company	· · · · · · · · · · · · · · · · · · ·		
	777 Sw 37th Ave. Unit 510				
		Address			
	Miami, FL 33135				
		City/State and Zip Code			
	bgeorge@calas.us				
	E-mail address: (	to be used for future annual report notif	ication)		
for further information ec	ncerning this matter, please co	all:			
Brian George		305 4955222 at ()			
Name of	Person	Area Code Daytime	: Telephone Number		
		·			
Enclosed is a check for th	e following amount:				
\$25.00 Filing 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

## CD1 2250 CHERRY RD. ROCK HILL YORK COUNTY NC. LLC (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\underline{\frac{09/29/2017}{}}$ Florida document number 1.17000202063 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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 address 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

#### 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.

City

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	Oliveira, Ana	2000 Ponce de Leon, 6th	
		Coral Gables, FL 33134	Remove
MGR George, Brian A	George, Brian A	777 SW 37th, Unit 510	<u></u> ⊜ Add
		Miami, Fl. 33135	☐ Remove
			☐ Change
			□ Remove
			☐ Change
			Remove
			Change
	<u> </u>		
		<del></del>	☐ Remove
			Change
			D Add
			□ Remove
			Change

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fective date, if other than the date of filing:	(optional) date of filing or more than 90 days after filing.) Pursuant to 605.020 e statutory filing requirements, this date will not be listed a
record specifies a delayed effective date, but not a The 90th day after the record is filed.	in effective time, at 12:01 a.m. on the earlier o
ted June 6th 2018	
Signature of a member or authorize	
	and marketing internal of a manusching

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Filing Fee: \$25.00