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(Re	equestor's Name)	
(Ac	ldress)	<u> </u>
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(Cit	ty/State/Zip/Phone	e #)
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SECRETARY OF STATE

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COVER LETTER

Division of Con				
CCR GEN	ERAL SERVICES LLC			
	Name of Limi	ted Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub-	nitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	CARLOS A. RODRIGUES	S		
		Name of Person		
	CCR GENERAL SERVIC	ES LC		
	Firm/Company 5438 INTERNATIONAL DRIVE, SUITE B			
		Address		
	ORLANDO, FL 32819			
		City/State and Zip Code		
	CARLOS@SBTUSA.NET			
	E-mail address: (to be used for future annual report notific	cation)	
For further information	concerning this matter, please ca	all:		
CARLOS A. RODRIGI	UES	407 354-3474 at ()		
Name	of Person	Area Code Daytime	Telephone Number	
Enclosed is a check for	the 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

CCR GENERAL SERVICES LLC		
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records.) ability Company)	
The Articles of Organization for this Limited Liability Company villorida document number L17000216737	vere filed on 10/19/2017	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	ity company here:	
The new name must be distinguishable and contain the words "Limited Liabilit	y 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) B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here		er the name of the nev
Name of New Registered Agent:		A Se 28
New Registered Office Address:		ARC A
	Enter Florida street address Florida	20 8 MAR 12 Dee 8: PLORIDA SSEE, FLORIDA With the
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		86 6 1
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office of	performance of my duties, and I an rovided for in Chapter 605, F.S. C	n familiar with and Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

company has been notified in writing of this change.

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	CLAUDIO ZANI	5438 INTERNATIONAL DRIVE	□ Add
		ORLANDO, FL 32819	■ Remove
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Sective date, if other than the date in effective date is listed, the date must be space. If the date inserted in this block document's effective date on the Department.	loes not meet the app	rior to date of filing blicable statutory	or more than 90 da filing requireme	_(optional) ays after filing.) Pur nts, this date will	rsuant to 605.
record specifies a delayed effor The 90th day after the record i		not an effecti	ve time, at 1	2:01 a.m. on	the earlie
ted MARCH 1	, 2018		1		
Signs	ature of a member of	Mortized represent	ative of a member		

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Filing Fee: \$25.00