## L18000090388

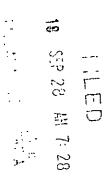
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## COVER LETTER

CCSR PROSUBJECT:	OPERTIES LLC		
Subject:	Name of Limi	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are subr	nitted for filing.	
Please return all correspo	ndence concerning this matter t	to the following:	
	TODD BORKE		
	Name of Person  CCSR PROPERTIES LLC  Firm/Company  14 TYLER RD  Address  SMITHTOWN, NY 11787  City/State and Zip Code  TODDBORKE@GMAIL.COM  E-mail address: (to be used for future annual report notification)  concerning this matter, please call:  917 750-2025  at (		
	14 TYLER RD	Firm/Company	
	SMITHTOWN, NY 11787	Address	
	TODDBORKE@GMAIL.COM		
	E-mail address: (t	o be used for future annual repor	t notification)
For further information e	oncerning this matter, please ca	.11:	
TODD BORKE			
Name o	f Person	Area Code Da	nytime Telephone Number
Enclosed is a check for th	ne following amount:		
■ \$25,00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section

**Division of Corporations** 

TO:

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

CCSR PRO	OPERTIES LLC	
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our record liability Company)	<u>ds.</u> )
The Articles of Organization for this Limited Liability Company Florida document number L18000090388	were filed on APRIL 10, 2018	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	- <b>-</b>
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLG	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	14 TYLER RD	2 7
(Principal office address MUST BE A STREET ADDRESS)	SMITHTOWN, NY 11787	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	14 TYLER RD SMITHTOWN, NY 11787	T: 28
B. If amending the registered agent and/or registered of		is, enter the name of the
registered agent and/or the new registered office address her	<u>e</u> ;	
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addre	288
	, F	lorida 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) 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
MGMR	CHET FINKBEINER	3505 Veterans Hwy Ste D	
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		Ronkonkoma, NY 11779	
		<del></del>	Remove
			Change
	TODD BORKE	14 Tyler Rd	Change
MGMR		,	<b>■</b> Add
	· · · · · · · · · · · · · · · · · · ·	Smithtown, NY 11787	
			□ Remove
			Change
MGMR	STEVE ROUSIS	14 Tyler Rd	
		Smithtown, NY 11787	■ Add
		SIMUROWII, NT 11707	- G Remove
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an effective date is listed, the date must ofe: If the date inserted in this bloocument's effective date on the De	ock does not meet the appli	cable statutory filing re		
e record specifies a delayed The 90th day after the reco		ot an effective time	e, at 12:01 a.m. on the ea	arlier o
September 10	2018			
		_		

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Typed or printed name of signee

Filing Fee: \$25.00