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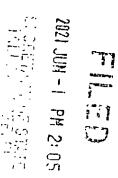
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COVER LETTER

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eun ir cr		AY HOME BUYERS LLC			
SUBJECT	: <u> </u>	Name of Lim	ited Liability Company		
The enclose	ed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please retur	n all correspo	ndence concerning this matter	to the following:		
		CHRISTOPHER COPENI	HAVER PA		
			Name of Person		
			Firm/Company		
		11827 LANCASHIRE DR		<u> </u>	2021
		TAMPA. FL 33626	Address		2021 JUH - 1
		copenhaverteam@gmail.cor	City/State and Zip Code		PH 2:
For further	information e	E-mail address: 6	to be used for future annual report notifica	tion) , los	2: 05
	PHER COPEN	-	813 786-9224		
	Name o	f Person		elephone Number	
Enclosed is	a check for th	ne following amount:			
■ \$25.00	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing I Certificate of Certified Copy (additional copy)	Status & y

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

TAMPA BAY HOME BUYERS LLC

(Name of the Limited Liability Compa (A Florida Limited I	iny as it now appears on our Liability Company)	records.)	
The Articles of Organization for this Limited Liability Company	were filed on 6/13/2018		and assigned
Florida document number L18000146315			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
CCC Property Solutions LLC			
he new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation	n "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDRESS)			23
			21
Inter new mailing address, if applicable:		_:	1 2 33
Mailing address MAY BE A POST OFFICE BOX)		, :	TO :-!
was the best of the body		7 (70 e/
			0
3. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records,	enter the nam	e of the new regis
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street	t address	
		, Florida	
	City		Zip Code

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 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
			□Add
			□Remove
			□ Change
		.	🗆 Add
		-	Remove
			Change
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E. Effectiv	e date, if other t	than the date o	f filing:	nnot be prio	to date of filir	ng or more than 9	(optional) 0 days after filing.)	Pursuan	t to 605.02
Note: 11	f the date inserted nt's effective date	in this block doe	s not mee	et the appli	able statutor	y filing require	ments, this date w	vill not	be listed
If the record record is file	specifies a delayed	d effective date. I	but not ar	effective t	ime, at 12:01	a.m. on the ea	rlier of: (b) The	90th d	ıy after ti
Dated _	May	25	·	2021	·				
	May	Ph	· Can	lis					
		1 2000			-				

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Filing Fee: \$25.00