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(Requestor's Name)	
(Address)	_
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(City/State/Zip/Phone #)	_
PICK-UP WAIT MAIL	
(Business Entity Name)	_
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Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
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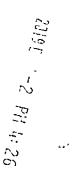




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R. WH!TE
JAN 0 9 2020



COVER LETTER

7: Registration Section of Corp.			
JBJECT: <i>E</i> //	Perbrook Con Name of Limi	CCPT LLC ited Liability Company	
he enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.	
lease return all correspond	dence concerning this matter	to the following:	
	Just	'n Ellerbrook Name of Person	
		Firm/Company	075
		lind Pass Rd. C	
	ST, Pete Bea	4, F/ 337	106
	Clerbrook E-mail address: (i	City/State and Zip Code Concepts & Concepts of Concep	oil. con
For further information col	ncerning this matter, please ca	all:	
JUSTIN A	Eller 6, rook Person	at (727) 348 Area Code Daytin	- 3 78 / ne 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 Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

ARTICLES OF OI	RGANIZATION
Ellerbrook Con	CEDTS LLC -2 FIT 4:26
(<u>Name of the Limited Liability Compan</u> (A Florida Limited Lia	y as At now appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company w Torida document number 4/4000 256/32	vere filed on /0/11/26/9_ 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:
he new name must be distinguishable and contain the words "Limited Liability	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)	
 If amending the registered agent and/or registered office adgent and/or the new registered office address here: 	dress on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Florida

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

Zip Code

amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added removed from our records:

	anager uthorized Member		
itle	<u>Name</u>	Address	Type of Action
<u>NGR</u>	Holly Mchay	9250 Blind Pess Rd. Unit-	1 □Add
	•	ST. Peter stong, F1 33706	Remove
			□Change
MGR	Justin Ellerbrook	9250 Blind Pass Rd. Unit	1 Add
		ST, Petersburg, FL33700	□Remove
			□Change
			🗆 Add
			□Remove
			Change
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(If an eff	ive date, if other than the date of filing:
docum	ent's effective date on the Department of State's records
the red) The	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
Dated	11-28 2019
	Hell della
	Signature of a member or authorized representative of a member

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