La0000197470

(Requestor's Name)					
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000349588190

2020 MIN -7 PH 2: 9

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO.	: I2000000195				
REFERENCE	: 379146 4313323				
AUTHORIZATION	: Spelle de man				
COST LIMIT	: \$ 25.00				
ORDER DATE : August 6, 2020					
ORDER TIME : 9:16 AM					
ORDER NO. : 379146-005					
CUSTOMER NO: 4313323					
<u>DOMESTIC AM</u>	MENDMENT FILING				
NAME: CCMS LLC					
EFFECTIVE DATE:					
XX ARTICLES OF AMENDMENT RESTATED ARTICLES OF INCO	PRPORATION				
PLEASE RETURN THE FOLLOWING AS	PROOF OF FILING:				
CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING					

EXAMINER'S INITIALS:

CONTACT PERSON: Kadesha Roberson -- EXT# 62980

COVER LETTER

TO:	Registration : Division of C						
			CCMS	LLC			
SUBJE	CT:		Name of Limited Li	of Limited Liability Company			
Dear Si	r or Madam:						
The enc	losed Stateme	nt of Correction and fee(s)	are submitted for fil	ing.			
Please r	eturn all corre	spondence concerning this	matter to the follow	ing:			
	C	Charles M. LeSchack					
		Name of Person					
	CUMMI	NGS & LOCKWOOD LL	С				
		Firm/Company					
	Six La	ndmark Square, 9th Floo	r				
		Address		_			
		Stamford, CT 06901					
		City/State and Zip Code		_			
	c	leschack@cl-law.com					
E-	mail address: (to be used for future annua	report notification				
For furtl	her information	n concerning this matter, pl	ease call:				
	Charles	M. LeSchack	203	351-4418			
	Nam	e of Person	Area Cod	Daytime Telephone Number			
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				
Enclose	d is a check fo	r the following amount:					
□ \$ 25 F	iling Fee	□ \$30 Filing Fee & Certificate of Status	□\$55 Filing Fee & Certified Copy				

CR2E062 (9/15)

STATEMENT OF CORRECTION FOR

FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY 2000 21 Fig. 21 Fig.

Pursu	ant to sect	ion 605.02	09, F.S., this docume	ent is being subm	nitted to correct a previously filed document.	
EIDC	T: The nor	na of tha l	imited liability comp	any is: CCMS LI	_C	
FIRS	<u>. I</u> . THE HAI	ne or the r	milied hadnity comp	ally is		
	_					
SECO	OND:	The Flori	da Document numbe	r of the limited li	iability company is: L20000197470	
THIRD: Docum			t to be corrected is:_	Articles of O	rganization	
	<u>(C</u>	неск т	HE APPROPRIATI	E BOX AND CO	OMPLETE THE APPLICABLE STATEMENT	
×		is an incori nt are as fo		ncorrect statemen	nt, the reason the statement is incorrect, and the corrected	
	Article	IV of the f	Florida Articles of Or	ganization is inc	correct because it incorrectly lists the Manager of	
	CCMS	LLC as C	olumbia Collier Man	agement LLC. A	Article IV of the Florida Articles of Organization is as	
	follows	: MGR	Pierre Guimard	340 9th Street	North, Suite 276, Naples, FL 34102	
	OP					
	<u>OR</u>					
	Was de	fectively si	gned. The manner in	n which the docu	ment was defectively signed and the appropriate correction ar	
	as follo	ws:				
	_					
	<u>OR</u>					
	The elec	rtronic tran	smission of the reep	M was delastive		
_	1110 010	o			8/5/2020	
			2019			
		Signatu	re of Authorized Rep	resentative	Date	
Signat	ure of new	registered	l agent, if applicable	:(NOTE: if corre	ecting the registered agent, the new registered agent must sign	
		signation).				
New R	Cegistered	Agent's Si	gnature, if changing	Registered Agen	ıt-	
I herei	by accept t	he appoint	ment as registered a	gent and agree to	act in this capacity. I further agree to comply with the	
provis	ions of all	statutes re	lative to the proper o	ind complete per s provided for in	formance of my duites, and I am familiar with and accept the Chapter 605, F.S. Or, if this document is being filed to merely	
reflect	a change	in the regi	stered office address,	, I hereby confirm	n that the limited liability company has been notified in writin	
of this	change.					
		_				
	Registered Agent's Signature					
				Filing Fee: fied Copy:	\$25.00 \$30.00 (optional)	