## LZ1000033490

(Requ	uestor's Name)	<u> </u>
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificate:	s of Status
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## **COVER LETTER**

Tallahassee, FL 32314

	istration Sec ision of Corp				
cub inct.	CCR OF SA	ABAL SPRINGS LLC			
SUBJECT:		Name of Lim	ited Liability Company	· -	_
The enclosed	Articles of z	Amendment and fee(s) are sub	mitted for filing.		
Please return	all correspon	ndence concerning this matter	to the following:		
			CARLO BENZA		
			Name of Person		<del></del>
			Firm/Company	÷.=	
		124	82 MUDDY CREEK LN	Į.	
			Address		
		F	ORT MYERS FL 33913	······	<del></del>
		CBEN	City/State and Zip Code ZA64@SBCGLOBAL.N	ЕТ	
			to be used for future annual		_
For further in	iformation co	oncerning this matter, please c	all:		9
	CARLO BE	ENZA	708	259-6204	<u> </u>
	Name of	Person	Area Code	Daytime Telephone Nun	nber r=
Enclosed is a	check for th	e following amount:			2 5
■ \$25.00 F	filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee of Certified Copy (additional copy is end	Certi	O Filing Fee.  ficate of Status & fied Copy onal copy is enclosed)
	iling Address gistration S		<u>Street A</u> Registr	ddress: ation Section	
Div		orporations	Divisio	on of Corporations on tree of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CCR OF SABAL S	PRINGS LLC		
( <u>Name of the Limited Liability Compa</u> (A Florida Limited L	ny as it now appears ( Liability Company)	on our records.)	
The Articles of Organization for this Limited Liability Company  Florida document number	were filed on	01/15/2021	and assigned
lorida document number			
his amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here	<u>:</u> :	
he new name must be distinguishable and contain the words "Limited Liabil	ity Company," the desi	ignation "LLC" or the a	bbreviation "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)	<u> </u>	_ <del></del>	
3. If amending the registered agent and/or registered office agent and/or the new registered office address here:	idaress on our rec	oras, <u>enter the nat</u>	ne of the new reg
			<u> </u>
Name of New Registered Agent:			1
None Benjatarah Office Address.			7
New Registered Office Address:	Enter Floride	a street address	
		. Florida	5
<del></del>	Ciņ <sup>.</sup>	, 1 1011010	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 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>	<u>Address</u>	Type of Action	
MGR	SAILESH DATADIEN	11082 LANCEWOOD ST	□Add	
		FORT MYERS FL 33913	■Remove	
			□Ađd	
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						(P)
ective If the	ate, if other than the dat date is listed, the date must be date inserted in this block effective date on the Depar	specific and cannot be does not meet the a	pplicable statutor;	g or more than 90 days		Bant to 605.0
ord spec filed.	cifies a delayed effective da	te, but not an effect	tive time, at 12:01	a.m. on the earlier o	f: (b) The 90t	h day after t
ed	JUNE 26	20:	21			
_		Carlo B	inge	ntative of a member		
	ę:	enture at a mancher as	e authorizad rancas	atotice of a member		

Filing Fee: \$25.00