L21000098226

	Requestor's Name)	
· ·	,	
(A	Address)	
(F	(ddress)	
(C	Dity/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
(6	Business Entity Name)	
(0	Occument Number)	
Certified Copies	Certificates of	Status
Special Instructions to	o Hiling Officer:	





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2021 AUG 13 PH 4: 15

2021 AUG 13 PH 3: 06 SEGNETARY OF STAFE

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D 011-11-1

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 954089

AUTHORIZATION

COST LIMIT : \$ 25.00

ORDER DATE : August 11, 2021

ORDER TIME : 1:40 PM

ORDER NO. : 954089-005

CUSTOMER NO: 8287610

DOMESTIC AMENDMENT FILING

NAME: CFCW PROPCO 229 LLC

EFFECTIVE DATE:

XX ARTICLES OF AMENDMENT ___ RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_ CERTIFIED COPY XX PLAIN STAMPED COPY

_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker -- EXT#

EXAMINER'S INITIALS:

COVER LETTER

TO: Reg	gistration Secti ision of Corpo	on rations				
OUT TO OT	CFCW Proper	o 229 LLC				
SUBJECT:		Name of Limit	led Liability Company	<u></u>		
The enclosed	d Articles of Ar	mendment and fee(s) are subr	nitted for filing.			
		lence concerning this matter t				
			Elisabeth N. Mills			
			Name of Person	··		
		C	lean Streak Ventures LLC			
			Firm/Company			
		Gables Internation	onal Plaza, 2655 S. Le Jeune Road, Si	lite 910		
			Address			
		Cc	oral Gables, Florida 33134			
			City/State and Zip Code	<u> </u>	S 20	
			nills@mkhpartners.com		2021 AUG 13 SECRETARY TALLAHA	3# 4
		E-mail address: (to be used for future annual report notific	ation)		ange k
For further	information cor	ncerning this matter, please ca	all:		70 Ti	مرابعة المرابعة المرابعة
			at ()			Į į
	Name of I	Person	at () Area Code Daytime '	Felephone Number	3: 06 S FATE	S. Sand
Enclosed is	a check for the	following amount:				
□ \$25.00	Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing F Certificate of S Certified Copy (additional copy)	Status & V	

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

CFCW Propco 229 LLC			S [8]
(Name of the Limited Liability Co (A Florida Limi	mpany as it now appears on ited Liability Company)	our records.)	STORET STORET
The Articles of Organization for this Limited Liability Comp	oany were filed on March	8, 2021	and assigned
Florida document number L21000098226			PA T
This amendment is submitted to amend the following:			and assigned PH 3: 06
A. If amending name, enter the new name of the limited	liability company here:		, 121
The new name must be distinguishable and contain the words "Limited I	Liability Company," the design	nation "LLC" or the at	obreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS	<u>s)</u>		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered off agent and/or the new registered office address here:	fice address on our recor	rds, <u>enter the nam</u>	ne of the new registered
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida s	street address	
		, Florida	
N. 5 1	City		Zip Code
New Registered Agent's Signature, if changing Registered Registe	gent:		

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

Title	<u>Name</u>	Address	Type of Action
President	Greg Ries	222 South Westmonte Drive, Suite 251	<u></u> ■Add
		Altamonte Springs, Florida 32714	□Remove
			🗅 Change
VP-Devel	Steve Lipofsky	222 South Westmonte Drive, Suite 251	≣Add
		Altamonte Springs, Florida 32714	□Remove
			□ Change
VP-Real 1	Colin Raskin	222 South Westmonte Drive, Suite 251	■Add
		Altamonte Springs, Florida 32714	□Remove
Treasurer	Art Cordova	222 South Westmonte Drive, Suite 251	≣ Add
		Altamonte Springs, Florida 32714	□Remove
			□Change
···			□Add
			□Remove
			□Change
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an effective ote: If the	ate, if other than date is listed, the dat date inserted in the effective date on the	te must be specific his block does no	and cannot be price of meet the anni-	icable statutory t	ir more than 90 day	(optional) ys after filing.) Purs ts, this date will	uant to 605.020' not be listed as
record spec is filed.	cifies a delayed eff	fective date, but	not an effective	tīme, at 12:01 a.	m. on the earlier	of: (b) The 90th	h day after the
	August 10		2021				
ated			- / // _	<u>r i</u>	1		
ated		Signature of	(B)	Men col	1.		

Filing Fee: \$25.00