

**L21000381846**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : LAW OFFICE OF PAUL A. KRASKER P.A.  
Account Number : I20090000078  
Phone : (561)515-4722  
Fax Number : (561)515-3904

\*\*Enter the email address for this business entity to be used for future, annual report mailings. Enter only one email address please.\*\*

Email Address: Amurphy@kraskerlaw.com

RECEIVED

OCT 23 11 31 AM

DIVISION OF CORPORATIONS  
FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
CCKC RENAISSANCE, LLC

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 0       |
| Page Count            | 05      |
| Estimated Charge      | \$25.00 |

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COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: CCKC RENAISSANCE, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ANDREA MURPHY SNOWDEN

Name of Person

THE LAW OFFICE OF PAUL A. KRASKER, P.A.

Firm/Company

1615 FORUM PLACE, 5TH FLOOR

Address

WEST PALM BEACH, FL 33401

City/State and Zip Code

AMURPHY@KRASKERLAW.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call

ANDREA MURPHY SNOWDEN

561

515-4722

at ( )

Name of Person

Area Code

Daytime 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

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ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

CCKC RENAISSANCE, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on SEPTEMBER 2, 2021 and assigned  
Florida document number L21000391840

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

221 ROYAL POINCIANA WAY

(Principal office address MUST BE A STREET ADDRESS)

SUITE 1

PALM BEACH, FL 33480

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

Florida

City

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 Changing Registered Agent, Signature of New Registered Agent

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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>              | <u>Type of Action</u>                      |
|--------------|-----------------|-----------------------------|--------------------------------------------|
| MGR          | NATHAN HAMILTON | 550 SW NORTH CAROLINA DRIVE | <input type="checkbox"/> Add               |
|              |                 | STUART, FL 34994            | <input checked="" type="checkbox"/> Remove |
|              |                 |                             | <input type="checkbox"/> Change            |
|              |                 |                             | <input type="checkbox"/> Add               |
|              |                 |                             | <input type="checkbox"/> Remove            |
|              |                 |                             | <input type="checkbox"/> Change            |
|              |                 |                             | <input type="checkbox"/> Add               |
|              |                 |                             | <input type="checkbox"/> Remove            |
|              |                 |                             | <input type="checkbox"/> Change            |
|              |                 |                             | <input type="checkbox"/> Add               |
|              |                 |                             | <input type="checkbox"/> Remove            |
|              |                 |                             | <input type="checkbox"/> Change            |
|              |                 |                             | <input type="checkbox"/> Add               |
|              |                 |                             | <input type="checkbox"/> Remove            |
|              |                 |                             | <input type="checkbox"/> Change            |
|              |                 |                             | <input type="checkbox"/> Add               |
|              |                 |                             | <input type="checkbox"/> Remove            |
|              |                 |                             | <input type="checkbox"/> Change            |

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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

[illegible]

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated OCTOBER 20 2023

0000

Signature of a member or authorized representative of a member

CODY CROWELL

Typed or printed name of signer

Filing Fee: \$25.00

14-00000-200-043