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TO:	Registration Se Division of Cor					
			•	•	·	. •
SUBJE	CCT: CC6,Invest	ments, LLC	·	13.	•	₩ ₽ Φ
			ted Liability Company	· ·		 •
The end	closed Articles of	Amendment and fee(s) are subr	nitted for filing.			
Please	return all correspo	ndence concerning this matter t	o the following:			
		Robert G. Shumay				
			Name of Person			
		CC6 Investments, LLOC				
			Firm/Company			
		2851 West Cypress Creek F	Road			
			Address			
		Fort Lauderdale, FL 33309				
			City/State and Zip Code			
		shumayr@carico.com				
		E-mail address: (to	be used for future annual re	port notificat	ion)	_
For furt	her information co	oncerning this matter, please cal	11:			
Robert	G. Shumay		at (<u>954</u>) <u>969</u> .	4404		
	Name of	Person	Area Code	Daytime Te	lephone Num	ber
Enclose	d is a check for th	e following amount:				
■ \$25	i.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclo		Certifi Certifi	Filing Fee, cate of Status & ed Copy nal copy is enclosed)

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

CC6 Investments, LLC		
(Name of the Limited Lin (A Fl	iability Company as it now appears on our records.) lorida Limited Liability Company)	
The Articles of Organization for this Limited Liabili	ity Company were filed on July 11, 2022 and assi	igned
Florida document number <u>L22000307947</u>	·	
This amendment is submitted to amend the following	g:	
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.I	L.C.''
Enter new principal offices address, if applicable:	:	
(Principal office address MUST BE A STREET AL	DDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	0	2
	TEC 2	3
	59 5	113 talker
B. If amending the registered agent and/or registon agent and/or the new registered office address her	ered office address on our records, enter the name of the new	opegistere
agent and/or the new registered office address ner	<u>re.</u> 양요 양요	F
Name of New Registered Agent:	E. T.	œ
Name of New Registered Agent.	THE STATE OF THE S	
New Registered Office Address:	Enter Florida street address	
	Emer r jorida street daaress	
_	, Florida	
	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>	Address	Type of Action
MGR	Gina Cabrera	2851 West Cypress Creek Road	≡ Add
		Fort Lauderdale, FL 33309	□Remove
			□ Change
			□ Add
			□Remove
		·····	□Change
			□Add
			□Remove
			□Change
			□Add
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Note:	ive date, if other than the date of filing:
ne record ord is fil	d 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 led.
Dated .	<u>September 12</u> , <u>2022</u> .
	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member