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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 Phone : (561)694-8107

Fax Number : (561)214-8442

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

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN CFRE MANAGEMENT LLC

Certificate of Status	0
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Page Count	04
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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CFRE Management LLC		
(Name of the Limited Liability Company (A Florida Limited Liab	as it now appears on our records.) ility Company)	
The Articles of Organization for this Limited Liability Company we	re filed on and ass	signed
Florida document number L23000017120		
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:		
(Principal office address MUST BE A STREET ADDRESS)	MA WING SING	<del></del>
-		•
Enter new mailing address, if applicable:	<del></del>	<u></u>
(Mailing address MAY BE A POST OFFICE BOX)		3 3 3 3 3
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B. If amending the registered agent and/or registered office add	ress on our records, <u>enter the name of the ne</u>	
agent and/or the new registered office address here:		<b>ア・「</b> 工
	·,	œ
Name of New Registered Agent:	<u> </u>	=
	*	•
New Registered Office Address:	Enter Florida street address	
	F1	
	, 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 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>	Name	Address	Type of Action
MGR	JAIME LEDERMAN	20900 NE 30TH AVENUE STE. 915	□Add
		AVENTURA, FL 33180	≣Remove
			Change
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:	.d			(At1)	
Effective date, if other than the fan effective date is listed, the date must Note: If the date inserted in this blodocument's effective date on the De	ock does not meet th	ne applicable stat	f filing or more than utory filing requir	90 days after filing.) Prements, this date wi	ursuant to 605.020 If not be listed as
	e date, but not an ef	fective time, at 1	2:01 a.m. on the e	arlier of: (b) The 9	Oth day after the
record specifies a delayed effective d is filed.					
d is filed.		23			
Dated March 3					

Filing Fee: \$25.00