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TO: Registratio Division of	n Section Corporations			
CCA F	REAL INVESTMENTS LLC			
SUBJECT:	Name of Lir	nited Liability Company		
		,		
The enclosed Article	s of Amendment and fee(s) are su	bmitted for filing.		
Please return all corr	respondence concerning this matte	r to the following:		
	CARLOS A MEJIA MAI	RTINEZ		
		Name of Person	· ·	
	CCA REAL INVESTME	NTS LLC		
		Firm/Company		
	129 NW 26TH ST UNIT	516		
		Address		
	MIAMI, FL 33127			
		City/State and Zip Code		
	INFO@JCBSOLUTIONS			
		(to be used for future annual report no	otification)	
For further informat	ion concerning this matter, please	call:	•	
CARLOS A MEJIA	MARTINEZ	866 296-1833		
N:	ame of Person	Area Code Dayti	ime Telephone Number	
Enclosed is a check	for the following amount:			
□ \$25.00 Filing Fe	ce S30.00 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)	
<u>Mailing Ac</u> Registrati	Idress: ion Section	Street Address: Registration S	Section	
	of Corporations	Division of C		
P.O. Box		The Centre of		
Tallahassee, FL 32314		. 2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**



CCA REAL INVESTMENTS LLC

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

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 "LLC." 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) 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:	The Articles of Organization for this Limited Liability Company	were filed on04/26/2023	and assigned
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 "LLC." 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) 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:	Florida document number L23000206442		
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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) B. If amending the registered agent and/or registered office address on our records, enter the name of the new register agent and/or the new registered office address here: Name of New Registered Agent:	This amendment is submitted to amend the following:		
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(Principal office address MUST BE A STREET ADDRESS) 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:	The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or	the abbreviation "L.L.C."
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:	Enter new principal offices address, if applicable:		
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(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 registe agent and/or the new registered office address here: Name of New Registered Agent:		MIAMI, FL 33127	
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B. If amending the registered agent and/or registered office address on our records, enter the name of the new registe agent and/or the new registered office address here: Name of New Registered Agent:	Enter new mailing address, if applicable:		
Name of New Registered Agent:	(Mailing address MAY BE A POST OFFICE BOX)		
Name of New Registered Agent:			
		address on our records, enter the	name of the new registered
New Registered Office Address:	Name of New Registered Agent:		
	New Registered Office Address:		· · · · · · · · · · · · · · · · · · ·
Enter Florida street address		Enter Florida street address	
, Florida			
City Zip Code New Registered Agent's Signature, if changing Registered Agent:		·	Zip Code

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
MGRM	AKOCHA MANAGEMENT SA	21 CHARLES ST UNIT 517 B	
		CAMBRIDGE, AM 02141	■ Remove
			□Change
MGR	CARLOS A MEJIA MARTINEZ	129 NW 26TH ST UNIT 516	□Add
		MIAMI, FL 33127	□Remove
			≅ Change
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Note: If the date inse	her than the date of filed, the date must be specific erted in this block does no date on the Department of	ot meet the applicable	ate of filing or more than statutory filing requir	(optional) 90 days after filing.) Pursua ements, this date will no	ant to 605.0207 of be listed as
record specifies a de d is filed.	elayed effective date, but	not an effective time,	at 12:01 a.m. on the c	arlier of: (b) The 90th	day after the
Dated	-				
	Signature	the melaber or authorize	ed representative of a me	mber	

. .

Filing Fee: \$25.00