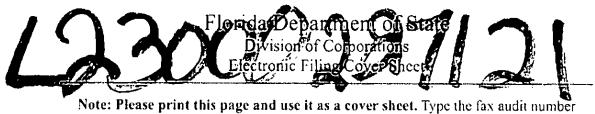
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Division of Corporations



(shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : GREENBERG TRAURIG (ORLANDO)

Account Number : 103731001374 Phone : (407)418-2435 : (407)420-5909 Fax Number

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

nhill@codina.com Email Address:

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN CCK WESTLAND, LLC

| Certificate of Status | 0       |
|-----------------------|---------|
| Certified Copy        | 0       |
| Page Count            | 03      |
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2023-07-13 16:43:22 EDT

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From: Heather Irving

(((H23000246355 3)))

To: 18506176383

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| CCK WESTLAND,   |   |                        |                            |
|---|---|------------------------|----------------------------|
| (Name of the Limited Liability Co.<br>(A Florida Limi   | mpany as it now appears<br>ted Liability Company) | on our records.)       |                            |
| The Articles of Organization for this Limited Liability Compa<br>Florida document number                    | any were filed on                                 | 05/08/2023             | and assigned               |
| This amendment is submitted to amend the following:   |   |                        |                            |
| A. If amending name, enter the new name of the limited i  | iability company her                              | <u>e:</u>              |                            |
| The new name must be distinguishable and contain the words "Limited Li                                      | iability Company," the des                        | ignation "LLC" or      | the abbreviation "L.L.C."  |
| Enter new principal offices address, if applicable:   | N/A   | ·····                  |                            |
| (Principal office address MUST BE A STREET ADDRESS)   | <u> </u>  |                        |                            |
| Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)                       | N/.A  |                        |                            |
| B. If amending the registered agent and/or registered office and/or the new registered office address here: | ce address on our rec                             | ords, <u>enter the</u> | name of the new registered |
| Name of New Registered Agent: N/A   |   |                        |                            |
| New Registered Office Address:  | Enter Floria                                      | la street address      | ω ;;<br>- Ξκ               |
|   |   | , Florid               | ား ယို                     |
| Now Designed Assets Claustone If shoughn Designed Ass   | City  |                        | · Zip-Gode                 |

## 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

To: 18506176383

Page: 3 of 4

From: Heather Irving

## 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 (((H23000246355 3)))

| <u>Title</u> | <u>Name</u>         | Address                               | Type of Action |
|--------------|---------------------|---------------------------------------|----------------|
| MGR          | CODINA MANAGER, LLC | 2020 SALZEDO STREET, 5TH FL           | <b>=</b> Add   |
|              |                     | CORAL GABLES, FL 33134                | □ Remove       |
|              |                     |                                       | □ Change       |
|              | <del></del>         |                                       | □Add           |
|              |                     |                                       | □Remove        |
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|              |                     |                                       | □ Remove       |
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| ffective               | JULY 15, 2023 (optional)  |
| an effect<br>lote: If  | ive 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 605.020 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a t's effective date on the Department of State's records. |
| record s<br>I is filed | 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  |
| ated _                 | July 13 , 2023 .  |
|                        | IsI Jose M. Jimenez   |
|                        |   |
|                        | Signature of a member or authorized representative of a member  |

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