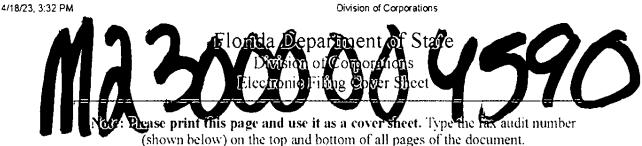
From: 5612281472

Alley Maass Rogers L Webf Page:1/3

Division of Corporations



(((H23000144994 3)))



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To:

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Fax Number : (850)617-6383

From:

Account Name : ALLEY, MAASS, ROGERS & LINDSAY, P.A. - STUART

Account Number : I20190000118 : (561)659-1770

Fax Number : (561)833-2261

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

TGORDON@IELP.COM Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN CCI CHARTER LLC

Certificate of Status	0
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TICHEMIEUX APR 19 2023



04/18/2023 16:22 From: 5612281472

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APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT **BUSINESS IN FLORIDA**

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the	records of the Florida Department of	
State: CCI Charter LLC		
Enter new principal office 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)		
2. The Florida document number of this limited liability co	ompany is: M23000004590	
3. Jurisdiction of its organization: Delaware		
4. Date authorized to do business in Florida: 04-07/2023		
5. New name of the limited liability company: (must contain	1 "Limited Liability Company." "L.E.C.," or "LLC."	')
(If name unavailable, enter alternate name adopted for the copy of the written consent of the managers or managing must contain "Limited Liability Company," "L.L.C." or "I	purpose of transacting business in Florida and attach a nembers adopting the alternate name. The alternate name.	ล
	w	-
 If amending the registered agent and/or registered office registered agent and/or the new registered office address h 	er address on our records, enter the name of the new ere:	٠
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida Street Address	
·	Florida Zip Code	
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent and at the provisions of all statutes relative to the proper and con and accept the obligations of my position as registered age document is being filed to merely reflect a change in the reliability company has been notified in writing of this change	gree to act in this capacity. I further agree to comply v nplete performance of my duties, and I am familiar wi ent as provided for in Chapter 605, F.S. Or, if this egistered office address, I hereby confirm that the limi	th

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Amended and Restated Operating Agreement change to manager managed and appoint Jesse Lynn as Manager						
itle/ Capacity	<u>Name</u>	<u>Address</u>	Type of Action			
1GR .	Jesse Lynn	16690 Collins Ave, PH	\ \ \ \ \ \ \ \ \ \			
		Sunny Isles Beach, FL 33160	□Remo			
	Charter LLC	16690 Collins Ave, PH	DAdd			
		Sunny Isles Beach, FL 33160	=Remov			
			□Add			
			□Remov			
	- 		□Add			
			DRemov			
aforemention	ned amendment(s), duly authenti- inder the law of which this entity	than 90 days old, evidencing the cated by the official having custody of records in the is organized. My Gymby ature of the authorized representative	□Remov			

Filing Fee: \$25.00