B22000340433

# Florida Department of State

## Division of Corporations

## Electronic Filing Cover Sheet

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2022 OCT -4 AM 9:57
SECRETARY OF STATE
TALLAHASSEE, FL

2022 OCT -4 PM 2:13

To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : VCORP SERVICES, LLC
Account Number : I20080000067
Phone : (845)425-0077
Fax Number : (845)818-3588

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

**Email Address:** _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN**
**CL UCC FLORIDA FICTITIOUS NAME LP**

| | |
|---|---|
| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 03 |
| Estimated Charge | $25.00 |

C. BRUMBLEY
OCT - 5 2022

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# AMENDMENT TO CERTIFICATE OF AUTHORITY FOR FOREIGN LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP

FILED
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SECRETARY OF STATE
TALLAHASSEE, FL

1. The name of the limited partnership or limited liability limited partnership as it appears on the records of the Florida Department of State is:
CL UCC LP

2. Document Number of Foreign Limited Partnership or Limited Liability Limited Partnership:
B22000000433

2. The jurisdiction of its formation is: Delaware

3. The date the entity was authorized to transact business in Florida is: 09/06/2022

4. If the amendment changes the name of the limited partnership or limited liability limited partnership, enter the new name:

*Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd*
*Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P. or LLLP.*

(If name unavailable in Florida, enter alternate name adopted for the purpose of transacting business in Florida.)

5. If the amendment changes the general partner(s), list the name and business address of each general partner:

| Name: | Business Address: | |
|---|---|---|
| CL UCC Manager LLC | One Executive Blvd, Suite 204 | ☐ Add |
| | Suffern, NY 10901 | ☒ Remove<br>☐ Change |
| CL UCC GP LLC | One Executive Blvd, Suite 204 | ☒ Add |
| | Suffern, NY 10901 | ☐ Remove<br>☐ Change |
| | | ☐ Add<br>☐ Remove<br>☐ Change |
| | | ☐ Add<br>☐ Remove<br>☐ Change |
| | | ☐ Add<br>☐ Remove<br>☐ Change |
| | | ☐ Add<br>☐ Remove<br>☐ Change |

6. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

_____

7. If the amendment corrects any false statement listed in the application, indicate the statement being corrected and the correction:

_____

_____

_____

_____

_____

8. If the amendment is to add or delete an election to be a limited liability limited partnership statement, check the appropriate box:

☐ The entity elects to be a limited liability limited partnership.

☐ The entity is no longer a limited liability limited partnership.

9. Attached is an original certificate, no more than 90 days olds, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

10. Effective date, if other than the date of filing: _____ (optional)
*(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.)*
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Signature of a general partner:

_____

Typed or printed name:

*Michael Maffei, Authorized Person of CL UCC GP LLC, GP*

_____

**Filing Fee:** **$52.50**
**Certified Copy (optional):** **$52.50**
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