

L09000022996

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

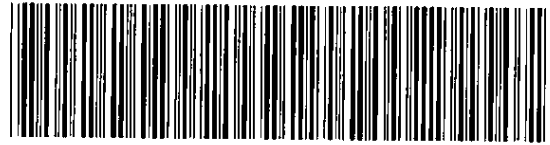
(Business Entity Name)

(Document Number)

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LLC Amend

FILED  
2023 NOV - 9 AM 11: 56  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
RECEIVED  
2023 NOV - 9 AM 11: 59  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

A. RAMSEY  
NOV - 2023



115 N CALHOUN ST., STE. 401  
TALLAHASSEE, FL 32301  
P: 866.625.0838  
F: 866.625.0839  
COGENCYGLOBAL.COM

Account#: I20000000088

Date: 11/09/2023

Name: Juliana

Reference #: 2175843

Entity Name: CV ADVISORS, LLC

- Articles of Incorporation/Authorization to Transact Business
- Amendment
- Change of Agent
- Reinstatement
- Conversion
- Merger
- Dissolution/Withdrawal
- Fictitious Name
- Other \_\_\_\_\_

Authorized Amount: \$25.00

Signature: Juliana Prestia

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** CV Advisors, LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Erica Navarro

Name of Person

c/o Greenberg Traurig LLP

Firm/Company

77 W. Wacker Drive, Ste 3100

Address

Chicago, IL 60601

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Erica Navarro

Name of Person

at ( 312 ) 978-7395

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- \$25.00 Filing Fee       \$30.00 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)

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

FILED

2023 NOV -9 AM 11: 56

CV ADVISORS, LLC

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

SECRETARY OF STATE

The Articles of Organization for this Limited Liability Company were filed on 03/09/2009 and assigned Florida document number L09000022996.

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 "L.L.C." or the abbreviation "L.L.C."

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:

\_\_\_\_\_

New Registered Office Address:

\_\_\_\_\_

*Enter Florida street address*

\_\_\_\_\_, 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 Changing Registered Agent, Signature of New Registered Agent**

In 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>	<u>Address</u>	<u>Type of Action</u>
MGR	Heckenberg, Karl	19495 BISCAYNE BLVD., PH1	<input type="checkbox"/> Add
		AVENTURA FL 33180	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	MANN, ALEXANDRE	19495 BISCAYNE BLVD., PH1	<input type="checkbox"/> Add
		AVENTURA FL 33180	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	DORNBUSCH, ELLIOT	19495 BISCAYNE BLVD., PH1	<input type="checkbox"/> Add
		AVENTURA FL 33180	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	STORM, MATTHEW J	19495 BISCAYNE BLVD., PH1	<input type="checkbox"/> Add
		AVENTURA FL 33180	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

