7864727286 3/14/2017



1 /4

Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H17000070047 3)))



H170000700473ABC-

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : CARDONA-DIAZ & HERNANDEZ PL

Account Number : I20110000063

: (305)374-2295

Phone Fax Number

: (786)472-7286

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

r11	Address:			
EMAII	ADDPPSS:			

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN CDH CAPITAL LLC

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

Electronic Filing Menu

Corporate Filing Menu

Help

MAR 15 2017

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CDH Capital LLC
(Name of the Limited Linbillty Company as it now appears on our records,) (A Florida Limited Liability Company)
The Articles of Organization for this Limited Liability Company were filed on 8/24/2015 and assigned Florida document number L15000144857
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:
CDH Advisors LLC
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" 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
·
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

03-14-2017

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

3:

MGR = M AMBR = A	anager uthorized Member		·
Title	<u>Name</u>	Address	Type of Action
			D Add
			☐ Remove
			□ Change
			Add
		<u></u>	☐ Remove
			☐ Change
			
			Remove
			Change
			☐ Remove
		**************************************	☐ Change
			Add
			Remove
			GChange Add
			Add
			TI De Removes
	•	-	STATE OFFICE

D. If an	nending any other information, enter change(s) her	re: (Attach additional sheets, if	necessary.)	
				-
			-	-
				
				_
				
				
			-	_
			<u> </u>	-
				
				-
				
•				
				_
				_
Note	ective date, if other than the date of filing: effective date is listed, the date must be specific and cannot be price. If the date inserted in this block does not meet the appliament's effective date on the Department of State's record	icable statutory tittig tedmiemenr	optional) safter filing.) Pursuant to 60 s, this date will not be lis	05.0207 (3)(sted as th c
If the ro (b) Th	ecord specifies a delayed effective date, but n ne 90th day after the record is filed.	ot an effective time, at 12:	01 a.m. on the ear	lier of:
Date	14 March 14 , 201=	Z .	- "	
				-71
	Signature of a member or aut	horized representative of a member	HASSE	_
		nted name of signee	11140	
	Pa	ge 3 of 3	A II: 57 OF STATE OF LORIDA	J
	Filing !	Fee: \$25.00		