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PICK-UP	■ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
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COVER LETTER

то:	Registration Sec Division of Corp			
CHRIC		nmerce Partners, LLC		
SUBJE	C1:	Name of Limi	ited Liability Company	
		Amendment and fee(s) are sub	•	
Please r	eturn all correspoi	ndence concerning this matter	to the following:	
		Thomas M Dryden		
			Name of Person	
		Thomas M Dryden, P.L.		
			Firm/Company	
		1705 Colonial Blvd., B-3		
			Address	
		Fort Myers, FL 33907		
			City/State and Zip Code	
		billm@fireserviceusa.com		
		E-mail address: (1	to be used for future annual report notifical	tion)
For furt	her information co	oncerning this matter, please ca	all:	
Thoma	s Dryden		239 337-2001 at ()	
- 	Name of	Person	Area Code Daytime Te	elephone Number
Enclose	ed is a check for th	e following amount:		
\$25	6.00 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)

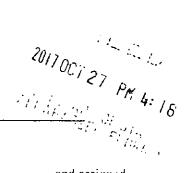
MAILING ADDRESS:

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



Captiva Commerce Partners, LLC

(Name of the Limited Liability 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 11/07/05	and assigned
Florida document number L05000108229		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	fity Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	3120 Winkler Ave., Ext. 30	
(Principal office address MUST BE A STREET ADDRESS)	Fort Myers, FL 33916	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
	<u>-</u>	
B. If amending the registered agent and/or registered of	ffice address on our records, en	iter the name of the new
registered agent and/or the new registered office address her	<u>e</u> :	
Name of New Registered Agent:		
New Registered Office Address:	-	
rem registered office / radicas.	Enter Florida street address	
	Florid	aZip Code
N. D. Maria and M. C. Company	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I provided for in Chapter 605, F.S.	am familiar with and Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	4M Management, LLC	3120 Winkler Ave., Ext 30	
		Fort Myers, FL 33916	Remove
			Change
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rec The	ford specifies a delayed effective date, but not an effective time, at $12:01\ a.m.$ on the 6 90th day after the record is filed.	earlier of:
ated _	Coteber 11 . 2017	
	D NA .	
aicu _	Signature of a member of authorized representative of a member	_

Page 3 of 3

Filing Fee: \$25.00