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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : PORTER, WRIGHT, MORRIS & ARTHUR

Account Number : 102233003533 Phone

: (614)227-1936

Pax Number

: (239)593-2990

## C AMND/RESTATE/CORRECT OR M/MG RESIGN

**CG-MENTOR LLC** 

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Attorneys and Counselors at Law

5801 Pelican Bay Boulevard Suite 300 Naples, Florida 34108-2709 Main Telephone #: 800-876-7962 Main Facsimile #: 239-593-2990

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Name	Firm	FACSIMI	LE#: CON	FIRMATION#
1. Division of Corpor	ations Florida Dept. of State	850-617	-6383	
RE: CG-Mentor LL Fax Audit No.: H080			; ; ;	
Please file the attached	I regarding the above-reference	d Florida limited liabili	ity company:	•
Articles of Amendr	nent to Articles of Organization	α.	i i	
Thank you.			•	
From: Sharon M. Ba	mes, for Phillip H. Barrett, Esq	Phone No.	239-593-2921	
THE ORIGINAL OF THIS D ORDINARY MESSENGI		LIVERY SERVICE HE ONLY FORM OF DELIVI	ERY	
NAPLES/275813 v.02			i	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CG-Mentor LLC	: E			
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	- <del></del>			
The Articles of Organization for this Limited Liability Company were filed onJanuary 4, 2008  Florida document numberL08000001418	and assigned			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited hability company here:	:			
1213 Capital LLC				
The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LI" "L.L.C."	C'enthe abbreviation			
Enter new principal offices address, if applicable:	# Z = F			
(Principal office address MUST BE A STREET ADDRESS)	S S S			
	四号星			
	S &			
Enter new mailing address, if applicable:	<u> </u>			
(Mailing address MAY BE A POST OFFICE BOX)				
	<del></del>			
B. If amending the registered agent and/or registered office address on our records, enter the registered agent and/or the new registered office address here:	e name of the new			
Name of New Registered Agent:				
New Registered Office Address:	· - !			
(Enter Florida street address)				
, Fiorida	:			
(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 608, 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)

4/4

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Ma $MGRM = N$	nager Aanaging Member		:
Title	<u>Name</u>	Address	Type of Action
			Add Remove
			Add Remove
	<u></u>		Add Remove
			Add Remove
<del></del>			Add Remove
			Add Remove
D. If amend	ding any other informatio	on, enter change(s) here: (Attach additional sheets, if necess	HASSETAR STAR
_			F \$ 16
_			
Dated	June 18		1
	Signa	ture of a member of authorized representative of a member	<del></del>
		Phillip H. Barrett Typed or printed name of signee	

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