

7/3/2015 16:05:57 From: To: 850676378 (1/6)
 Division of Corporations Page 1 of 1

L08000001418

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.

(((H15000052857 3)))



H150000528573ABCO

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

RE-SUBMIT

Please retain original filing date of submission 3/2

From: Account Name : C T CORPORATION SYSTEM
 Account Number : FCA000000023
 Phone : (850) 222-1092
 Fax Number : (850) 878-5368

RECEIVED

15 MAR -3 AM 10:00

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
 1213 CAPITAL LLC

* Please give to Karen Saly *

Certificate of Status	0
Certified Copy	0
Page Count	056
Estimated Charge	\$25.00

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

2015 MAR -2 AM 11:08

FILED

K. SALY
 EXAMINER
 MAR - 4 2015



March 3, 2015

FLORIDA DEPARTMENT OF STATE
Division of Corporations

1213 CAPITAL LLC
303 WEST ERIE STREET
SUITE 320
CHICAGO, IL 60654

Re: Document Number L08000001418

The Articles of Amendment to the Articles of Organization for 1213 CAPITAL LLC, a Florida limited liability company, were filed on March 2, 2015.

This document was electronically received and filed under FAX audit number H15000052857.

Should you have any questions regarding this matter, please telephone (850) 245-6051, the Registration Section.

Karen A Saly
Regulatory Specialist II
Division of Corporations

Letter Number: 915A00004339

RECEIVED
15 MAR -3 AM 10:00
REGISTRATION SERVICES

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: 1213 Capital 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:

Name of Person

Firm/Company

Address

City/State and Zip Code

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

For further information concerning this matter, please call:

Name of Person

at (_____) _____
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

FILED

2015 MAR -2 AM 11:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

1213 Capital 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 01/04/2008 and assigned
Florida document number LO8000001418

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 end with 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 _____
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

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

MGR = Manager
AMBR = Authorized Member

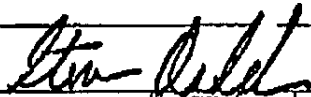
Title	Name	Address	Type of Action
<u>PRES</u>	<u>Matthew J. Pottinelli</u>	<u>320 W Ohio St, Suite 650</u>	<input type="checkbox"/> Add
		<u>Chicago, IL 60654</u>	<input checked="" type="checkbox"/> Remove
<u>MGR</u>	<u>CapGrowHoldings JV LLC</u>	<u>9 West 57th Street</u>	<input checked="" type="checkbox"/> Add
		<u>39th Floor</u>	<input type="checkbox"/> Remove
		<u>New York, NY 10019</u>	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

FILED
 2015 MAR -2 AM 11:08
 CLERK OF STATE
 TALLAHASSEE, FLORIDA

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary)*

E. Effective date, if other than the date of filing: _____ (optional)
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated _____



Signature of a member or authorized representative of a member

Steven E. Orbuch, Authorized Representative

Typed or printed name of signer

FILED
2015 MAR - 2 AM 11:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA