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(Re	questor's Name)	
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(Cit	y/State/Zip/Phone	e #)
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Certified Copies	_ Certificates	s of Status
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COVER LETTER

TO: Registration Section

Division of Corporations

SUBJECT:

Century 101, 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:

Jonathan Cramer

Name of Person

Visium Partners LLC

Firm/Company

P.O. Box 77772

Address

Atlanta, GA 30357

City/State and Zip Code

jcramer@visiumpartners.com

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

For further information concerning this matter, please call:

Jonathan Cramer

678,894-7518 x102

Name of Person

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

2013 SEP 12 PM 12: 0

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Century 101, LLC (Name of the Limited Liability Compa (A Florida Limited)	my as it now appears on our records.)	
The Articles of Organization for this Limited Liability Company Florida document numberL08000055920		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	pility company here:	
The new name must be distinguishable and end with the words "Lim "L.L.C."	ited Liability Company," the designation "I	
Enter new principal offices address, if applicable:		MIN SEC FAUL
(Principal office address MUST BE A STREET ADDRESS)		
Frincipal Ville address must be a street address		
		
	C/O Visium Partners LLC	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	P.O. Box 77772	<u> 중국 무</u>
	Atlanta, GA 30357	***
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here. Name of New Registered Agent:		the name of the new
New Registered Office Address:		
	Enter Florida street add	tress
<u> </u>	, 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 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

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 = Manager MGRM = Managing Member

MGR	Name Jonathan Cramer	Address P.O. Box 77772 Atlanta, GA 30357	Add Remove
MGR	David J Stoll, ESQ	1 Chase Manhattan Plaza New York, NY 10005	Add Add Remove
			_ Add _ Remove
		Į.	2013 SCH 12 Remove SIAIE
		>	Add Remove
	<u></u>		Add Remove

If an	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
ed	September 9 2013
cu	11.0
	Signature of a member or authorized representative of a member
	Lee Fixel
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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SECRETARY OF SIMIE
MELAHASSEF F. SIMIE