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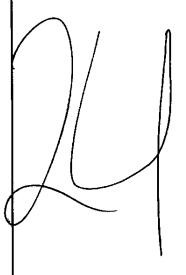
(Requestor's Name)
. (Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

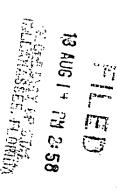
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COVER LETTER

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TO: Registration Section Division of Corporations	
Name of Limited Liability Company	35 36 36 36 36 36 36 36 36
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Parit R Shah	5
Name of Person Werty Group Firm/Company	
One Tampa City Center, S	Swte 2570
Tampa FZ 33602	
City/State and Zip Code Athy (a) Lubertu G E-mail address: (to be used for future annual report noti	fication)
For further information concerning this matter, please call:	
Kathy Cauwels at 813 280-	- 2000 ne Telephone Number
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$\text{Certificate of Status}\$ \[\begin{array}{cccccccccccccccccccccccccccccccccccc	Q\$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

	· CVG Capital LLC	
	(<u>Name of the Limited Liability Company as it</u> (A Florida Limited Liability	now appears on our records.)
	The Articles of Organization for this Limited Liability Company were f	
	Florida document numberL0900007293	
	This amendment is submitted to amend the following:	58
	A. If amending name, enter the new name of the limited liability co	mpany here:
	The new name must be distinguishable and end with the words "Limited Liab" "L.L.C."	bility Company," the designation "LLC" or the abbreviation
	Enter new principal offices address, if applicable:	ne Tana City Center
	(Principal office address MUST BE A STREET ADDRESS)	Suite 2570
		Tampa FZ 33602
9	Enter new mailing address, if applicable:	ne Tampa Cuty Center
J	(Mailing address MAY BE A POST OFFICE BOX)	Swte 2570 U
		Tampa FZ 33602
	B. If amending the registered agent and/or registered office ad registered agent and/or the new registered office address here:	dress on our records, enter the name of the nev
	Name of New Registered Agent:	
	New Registered Office Address: One Tampo	Enter Florida street address
	Tamaa	22/200
	City	Florida Zin 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 **Address** Title Name | Type of Action One Tampa Cuty Center Suffe 2570 Tampa Fe 33602 Remove Remove Remove Remove Remove

Page 2 of 3

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ated	July 29, 2013.
	DShal
	Signature of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00

