109000022996

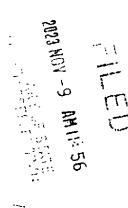
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer

Office Use Only



200417270802

LLC Amena



RECEIVED 2023 NOV -9 AMII: 55

A. RAMSEY



115 N CALHOUN ST., STE. 41 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: I20000000088

Date:	11/09/2023	
	Juliana	
	2175843	
	CV A	DVISORS, LLC
☐ Article	es of Incorporation/Authorizat	ion to Transact Business
✓ Amen	dment	
Chan	ge of Agent	
Reins	tatement	
☐ Conve	ersion	
☐ Merge	er	
Disso	lution/Withdrawal	
Fictition	ous Name	
Other		1110-2
Authorized A	mount: \$25.00	
Signature:	Juliana Prestia	

F- +852 7682 9790

Registration Section

TO:

COVER LETTER

Division of Co	rporations		
SUBJECT:	CV Advisors, LLC		
3000tc1.		ited Liability Company	<u>_</u> _
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Erica Navarı	ro	
		Name of Person	
	c/o Greenbe	rg Traurig LLP	
		Firm-Company	
	77 W. Wacke	er Drive, Ste 3100	
		Address	
	Chicago, IL 6	0601	
		City/State and Zip Code	
	E-mail address: (to be used for future annual report noti	fication)
For further information of	concerning this matter, please c	all:	
Erica Nava	arro	at (<u>312</u>) <u>978-739</u> Area Code Daytim	5
Name o	of Person	Area Code Daytim	e Telephone Number
Enclosed is a check for t	he 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 Fec. Certificate of Status & Certified Copy (additional copy is enclosed)

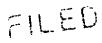
MAILING ADDRESS:

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 DocuSign Envelope ID: 26C839E9-5D1B-48B5-9DAE-49C87162C3DD

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



2023 HOV -9 AM 11: 56

	CV ADVISORS, LLC		
(Name of the Limite	d Liability Company as it now appear A Florida Limited Liability Company)	s on our records:) 1 · · ·	
The Articles of Organization for this Limited List Florida document numberL09000229	• •	03/09/2009	and assigned
This amendment is submitted to amend the follo	owing:		
A. If amending name, enter the new name of	the limited liability company he	<u>re</u> :	
The new name must be distinguishable and contain the wo		esignation "LLC" or the al	breviation "L.L.C."
Enter new principal offices address, if applica	able:	<u> </u>	
(Principal office address MUST BE A STREE	T ADDRESS)		
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE I	<u> </u>		
			· · · ·
B. If amending the registered agent and/or the new registered of		our records, enter	the name of the
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Flor	ida 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

DocuSign Envelope ID: 26C839E9-5D1B-48B6-9DAE-49C87162C3DD in amending Authorized rerson(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
MGR	Heckenberg, Karl	19495 BISCAYNE BLVD., PH1	⊒ Add
		AVENTURA FL 33180	Remove
			Change
MGR	MANN, ALEXANDRE	19495 BISCAYNE BLVD., PH1	⊐ Add
		AVENTURA FL 33180	□ Remove
			⊒ Change
MGR	DORNBUSCH, ELLIOT	19495 BISCAYNE BLVD., PH1	⊒ Add
		AVENTURA FL 33180	⊒ Remove
MGR	STORM, MATTHEW J	19495 BISCAYNE BLVD., PH1	□ Add
		AVENTURA FL 33180	⊡ Remove
			∃ Change
			
			☐ Remove
			C Change
			
			□ Remove
			Change

	
Note: If the	optional) date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.02 date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed effective date on the Department of State's records.
If the record (b) The 90th	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier aday after the record is filed.
Dated	November 8 2023
	alexandre Mann
_	Signature of a member or authorized representative of a member
	Alexandre Mann
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00