

L09UUUU26597

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

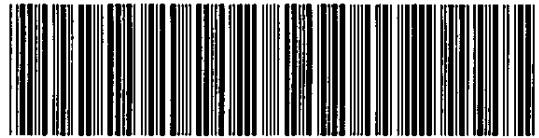
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



200160230932

09/17/09--01031--007 \*\*60.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
09 SEP 17 AM 10:59

B. KOHR

SEP 21 2009

EXAMINER

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: C3I Capital Management, LLC.  
Name of Limited Liability Company

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
09 SEP 17 AM 10:59

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Robert M. Kozak  
Name of Person

C3I Capital Management, LLC.  
Firm/Company

5301 N. Federal Hwy, Suite 380  
Address

Boca Raton, FL 33487  
City/State and Zip Code

bkozak@c3icapital.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Robert M. Kozak at (561) 346-6772  
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

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

C3I Capital Management, 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 03/18/2009 and assigned

Florida document number L09000026597

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
09 SEP 17 AM 10:59

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)

5301 N. Federal Hwy, Ste 380  
Boca Raton, FL 33487

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

5301 N. Federal Hwy, Ste 380  
Boca Raton, FL 33487

**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:

5301 N. Federal Hwy, Ste 380  
*Enter Florida street address*  
Boca Raton, Florida 33487  
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

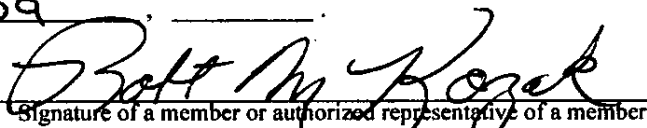
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Mark J. Neer	660 South Federal Hwy. Pompano Beach FL 33062	<input type="checkbox"/> Add <input checked="" 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
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated 09/14/2009

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

Robert M. Kozak  
\_\_\_\_\_  
Typed or printed name of signee