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T. CLINE

MAR 2 3 2010

EXAMINER

COVER LETTER

TO: Registration Division of	a Section Corporations			
SUBJECT:	C3I CAPITAL	MANAGEMENT, L	LC	
	Name of Lim	ited Liability Company		
	of Amendment and fee(s) are su espondence concerning this matte	_		
		ROBERT M. KOZAK		
Name of Person				
	C3I CA	PITAL MANAGEMEN	T, LLC	
Firm/Compa		Firm/Company		•
		2272 NW 36th Street		
		Address		
Boca Raton, Fl 33431			77. 27	
		City/State and Zip Code		
	bl	cozak@c3icapital.com		2010 MAR 22 SECRETAR'S TALLAHASS
For further information	on concerning this matter, please	to be used for future annual repo	ort notification)	IR 22 AM TI: 17 HASSEE, FLORIDI
R	Robert M. Kozak	at (561)	826-7133	STA T
Nam	ne of Person		Daytime Telephone Number	TO TO
Enclosed is a check for	or the following amount:			
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is en	nclosed) Certified	e of Status &
M. A	ILING ADDRESS:	STREET/C	OURIER ADDRESS:	

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	L MANAGEMENT		
(Name of the Limited Liability (A Florida	y Company as it now appe Limited Liability Company	ars on our records.)	
The Articles of Organization for this Limited Liability C	Company were filed on	03/18/2009	and assigned
Florida document numberL0900026597			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lim	ited liability company h	ere:	
The new name must be distinguishable and end with the wo "L.L.C."	rds "Limited Liability Com	pany," the designation "	
Enter new principal offices address, if applicable:	C3I CAPITA	AL MANAGEMENT	ZOIO HAR
(Principal office address MUST BE A STREET ADDI			ARE HA
	Boca Raton	, FL 33431	22 ASS
Enter new mailing address, if applicable:	C3i CAPITA	IL MANAGEMENT	E PRINCE
(Mailing address MAY BE A POST OFFICE BOX)	2272 NW 36		- RAL -
	Boca Raton	, FL 33431	DF
B. If amending the registered agent and/or regis registered agent and/or the new registered office add Name of New Registered Agent:		our records, <u>enter</u>	the name of the nev
New Registered Office Address: 2272	NW 36th Street		.
New Registered Office Address.	Enter Florida street address		
	Boca Raton	, Florida	33431
	City	. —	Zip Code
Name Danistaned Amoutle Ciamatone of abouting Danistane	A A		

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, <u>enter the title, name, and address of each Manager or Managing-Member being added or removed from our records</u>:

MGR = M MGRM =	anager Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add ☐ Remove
	·		
			Add Remove
			Add
			ZO SECONDARIO TO
			ANASSEE
			Remove C
 			Add Remove
•	nding any other information, ento	er change(s) here: (Attach additional sheets,	if necessary.)
	Phone (561).8	26-7133	
_			
Dated	March 17,	,	•
	Signature of	a member or authorized representative of a memb	ner .
		Robert M. Kozak Typed or printed name of signee	
		i yped of primed name of signee	·

Page 2 of 2

Filing Fee: \$25.00