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

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ALLAHASSEE, FLORIE

D. BRUCE APR 18 2010 EXAMINER

COVER LETTER

Registration Section
Division of Corporations

TO:

CR2E079 (5/06)

SUBJECT: CB CAPITAD Management, UC (Name of Limited Liability Company)	
The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to:	
ALFRED S. KOONTZ III (Contact Person)	
CHARLES BROOKS HOLDING COMPANY (Firm/Company)	
111 Orange Avenue Suite 300 Fin 7	
For further information concerning this matter, please call:	
For further information concerning this matter, please call:	
(Name of Contact Person) at (772) 316-1031 (Area Code & Daytime Telephone Number)	
Enclosed please find a check made payable to the Florida Department of State for: \$25 Filing Fee \$ Certified Copy	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

- 110

CO CAPITAL PO	MANAGEMENT, LIC	
(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 April 3, 2009 and assigned		
Florida document number 26-4614882/ L090000 37665		
This amendment is submitted to amend the following:		
A. If amording name autor the new name of the limited liability as many house		
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 "Limi"L.L.C."	ted Liability Company," the designation "LLC" or the abbreviation	
Enter new principal offices address, if applicable:	Fort Pierce, Fr 34950	
(Principal office address MUST BE A STREET ADDRESS)	Fort Pierce, Fr 34950	
_	A C . 2	
Enter new mailing address, if applicable:	111 Deange Avenue Duit E 500	
(Mailing address MAY BE A POST OFFICE BOX)	tout Picace, Fr 34950	
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:		
	m v	
Name of New Registered Agent: Jox	~ だべ 選ュー	
Tume of New Registered Agent.		
New Registered Office Address:	ruga Frence, sonte 500	
Enter Florida street address		
hos D	12/2Ce , Florida 34950	
1001	City Zin Code	
Name Development Agentic Clampanian 15 - Landing Development	Eip Coue	
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 Type of Action **Address Title** <u>Name</u> ALERED S. Koonratil Remove ☐ Add Remove Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 2010 Signature of a member or authorized representative of a member Ohn Charler Finch
Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00