

LD9000032665

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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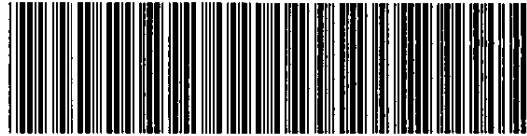
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. O'Brien AUG 12 2010

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CB Capital Management, LLC
Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

John Finch
Name of Person

Charles Brooks Holding Company LLC
Firm/Company

111 Orange Ave, Suite 300
Address

Fort Pierce FL, 34950
City/State and Zip Code

john.finch@cbholding.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

John Finch at (772) 713-1614
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

FILED
10 AUG 11 AM 10:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CB 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 04/03/2009 and assigned
Florida document number L09000032665.

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

Charles Brooks Holding Company LLC

New Registered Office Address:

111 Orange Ave, Suite 300

Enter Florida street address

Fort Pierce
City

Florida

34950
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.

[Signature]
If Changing Registered Agent, Signature of New Registered Agent

Charles Brooks Holding
Company, LLC

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>
MGR	Charles Brooks Holding Company LLC	111 Orange Ave, Suite 300 Fort Pierce FL, 34950	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	John Finch	111 Orange Ave, Suite 300 Fort Pierce FL, 34950	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	A.J. Kautz	111 Orange Ave, Suite 300 Fort Pierce FL, 34950	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Diego Henriquez	111 Orange Ave, Suite 300 Fort Pierce FL, 34950	<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

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Dated August 10, 2010

Signature of a member or authorized representative of a member
John Charles Finch
Typed or printed name of signee