## L09000113156

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JUN 23 2010

**EXAMINER** 



900181247779

06/21/10--01015--001 \*\*25.00

SCORETARY OF STATE

10 JUN 21 PM 2: 58

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: CBC 6   Capital, 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:
Matthew Cordis Name of Person.
c/o Cordis + Cordis Firm/Company
129 North Walnut
City/State and Zip Code  City/State and Zip Code  City/State and Zip Code  Comparison Comparison  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (305) 767 8191  Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status  Certificate of Status  Certificate of Status  Certified Copy (additional copy is enclosed)  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

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ARTICLES OF A	3 f fr.
ADTICLES OF O	DCANIZATION 10 JULY 2 CD
ARTICLES OF O	RGANIZATION 7/2/PM
OF	ALLAHARY 72:58
(Name of the Limited Liability Compan (A Florida Limited Li	Capital, LLERINE
The Articles of Organization for this Limited Liability Company	were filed on 11 25 09 and assigned
Florida document numberL09000113156.	•
. Torras document manifest	,
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabl	lity company here
A. If amending name, enter the new name of the innited habi	inty company nere.
The new name must be distinguishable and end with the words "Limit "L.L.C."	ed Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	22231 Sands Point Dr.
(Principal office address MUST BE A STREET ADDRESS)	Boca Raton, FL 33343
	•
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	22231 Sands Point Dr. Boca Raton, FL 33343
B. If amending the registered agent and/or registered off	Too address on our records enter the name of the new
registered agent and/or the new registered office address here	
	•
Name of Navy Designand Agent.	
Name of New Registered Agent:	- 1 0 1 0
New Registered Office Address: 22	231 Sands Point Dr.
	Enter Florida street address
_ Boca	Katou , Florida 33343
	City Zin 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 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** <u>Title</u> <u>Name</u> **Address** Remove ☐ Add Remove Remove Add Remove ∐Add Remove  $\square$ Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 15

Typed or printed name of signee

Page 2 of 2

Signature of a member or authorized representative of a member

Filing Fee: \$25.00