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(Req	uestor's Name)				
(Add	ress)				
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(City/State/Zip/Phone #)					
PICK-UP	WAIT	MAIL			
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Certified Copies	Certificates	s of Status			
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Office Use Only



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FILING CANCELLED RETURNED CHECK



T. HAMPTON

MAR 14 2011

EXAMINER

COVER LETTER

TO:	Registration Se Division of Cor		•			
SUBJE	CT:	Mobil N	/lerchant, LLC			
0000		Name of Limi	ted Liability Company			
The end	closed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please	eturn all correspo	ndence concerning this matter	to the following:			
			Christopher D Cowart			
	Name of Person					
Mobil Merhcant, LLC						
			Firm/Company			
		65	5 NE 4th Ave, Suite E			
/ Address						
	Delray Beach, FL 33486					
City/State and Zip Code						
	Christopherc@cableone.net E-mail address: (to be used for future annual report notification)					
For fur	her information o	oncerning this matter, please c	•			
· Or ruit		oncoming and matter, preuse of				
		pher D. Cowart	at (_954)	802-8826		
	Name of Person Area Code & Daytime Telephone Number			e Telephone Number		
Enclose	d is a check for th	e following amount:				
₽\$ 25.	00 Filing F cc	\$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

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DIVISION OF CORPORATIONS

11 MAR | | PM 3 03

Mobile Merc	chant, LLC		
(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appea Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Liability Company	were filed on	06/10/2010	and assigned
Florida document numberL10000062270			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company he	re:	
CDC Capital Ve	entures, LLC		
The new name must be distinguishable and end with the words "Limi"L.L.C."	ted Liability Comp	any," the designation "L	LC" or the abbreviation
Enter new principal offices address, if applicable:	2612 NE 5th	St	
(Principal office address MUST BE A STREET ADDRESS)	Pompano Be	each, FL 33062	
	-		
Enter new mailing address, if applicable:	2612 NE 5th	St	
(Mailing address MAY BE A POST OFFICE BOX)	Pompano Beach, FL 33062		
			
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		our records, enter the	he name of the new
Name of New Registered Agent:			
New Registered Office Address:			
	Εt	nter Florida street addi	ess
		, Florida	
	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 Title **Address** Type of Action Name MGRM Whittington, Tami 2453 NE 51st St. Suite D-101 ☐ Add ☑ Remove Ft. Lauderdale, FL ☐ Add ☐ Remove ☐ Add ☐ Remove Add Remove ∏Add Remove $\prod Add$ Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

January 30

Dated_

Signature of a member or authorized representative of a member

Christopher D Cowart

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00