L13000041948

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:
        Division of Corporations
        Fax Number      : (850)617-6383

From:
        Account Name    : GARTNER BROCK & SIMON
        Account Number  : I19990000204
        Phone           : (904)399-0870
        Fax Number      : (904)399-1113
```

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _wgartner@gbslaw.net_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
CXP CAPITAL, LLC

Certificate of Status	1
Certified Copy	1
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ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

CXP CAPITAL, 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 March 20, 2013 _____ and assigned
Florida document number L13000041948 _____.

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 contain 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:**

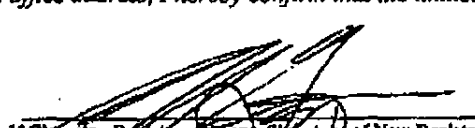|	
Name of New Registered Agent:	W. A. Gartner
New Registered Office Address:	1300 Riverplace Blvd., Suite 525
	Enter Florida street address
	Jacksonville, Florida _____, Florida 32207
	City _Zip Code_

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 605, 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 Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person being added or removed from our records</u>:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	☐ Add
		_____	☐ Remove
		_____	☐ Change
_____	_____	_____	☐ Add
		_____	☐ Remove
		_____	☐ Change
_____	_____	_____	☐ Add
		_____	☐ Remove
		_____	☐ Change
_____	_____	_____	☐ Add
		_____	☐ Remove
		_____	☐ Change
_____	_____	_____	☐ Add
		_____	☐ Remove
		_____	☐ Change
_____	_____	_____	☐ Add
		_____	☐ Remove
		_____	☐ Change

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

_____

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_____

E. Effective date, if other than the date of filing: _____ **(optional)**

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated January _____ 27th _____ , 2016 _____ .

_____
Signature of a member or authorized representative of a member

Holly Lupo
_____
Typed or printed name of signee

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Filing Fee: $25.00

FILED
2016 JAN 28 A 9: 05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA