

L15000185145

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

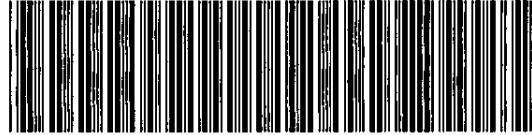
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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15 NOV 30 AM 10:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DEC 01 2015
J SHIVERS

GIORDANO & ASSOCIATES

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Via: Federal Express

November 27, 2015

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

Re: **Amendment to Certificate of Organization for
Caladium Asset Management of PBG, LLC -- L15000185145**

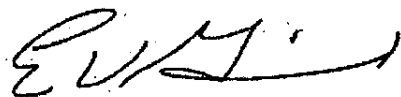
To whom it may concern:

Enclosed for recording please find two (2) copies of the Amendment to the Certificate of Organization for Caladium Asset Management of PBG, LLC. Also enclosed please find this office's business check in the amount of \$30.00 for filing and Certificate of Status.

Kindly record the amendment and return in the enclosed self-addressed, stamped envelope along with the Certificate of Status.

Thank you for your assistance and attention to this matter.

Sincerely,



Elena V. Giordano

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

CALADIUM ASSET MANAGEMENT OF PBG, 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 October 30, 2015 and assigned
Florida document number L15000185145.

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:

New Registered Office Address:

Enter Florida street address

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 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, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Mr.	Robert du Purton	8 Henley Place	<input type="checkbox"/> Add
		Weehawken, NJ 07086	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
Dr.	Adrienne Denese	26 Carol Drive	<input checked="" type="checkbox"/> Add
		Englewood Cliffs, NJ 07632	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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SECRETARY OF
THE MASSACHUSETTS

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

Dated Nov. 27, 2015

Signature of a member or authorized representative of a member

Signature of a member or authorized representative of a member

Elena V. Giordano, Esq.

Typed or printed name of signee