

L16000080871

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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TALLAHASSEE, FLORIDA

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SEP 18 2019

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** C3 IG 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:

Pamela Poveda

\_\_\_\_\_  
Name of Person

C3 IG LLC

\_\_\_\_\_  
Firm/Company

600 Brickell Ave, Suite 1570

\_\_\_\_\_  
Address

Miami, FL, 33031

\_\_\_\_\_  
City/State and Zip Code

pam@optimumcp.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Josefina Eizayaga

305 537 0800  
at ( )

\_\_\_\_\_  
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**

C3 IG 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 April, 25 2016 and assigned  
Florida document number L16000080871.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

TPN Advanced Tech Solutions LLC

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 add or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Flavio Cristian Chiari	600 Brickell Ave., Suite 1570, Miami, FL	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Leonardo Scatturice	600 Brickell Ave., Suite 1570, Miami, FL	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

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(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)

Dated 09/02/2019

**Filing Fee: \$25.00**

**WRITTEN CONSENT**  
**IN LIEU OF MEETING OF THE MEMBERS OF**  
**C3 IG LLC**

The undersigned, being the sole Member of C3 IG LLC, a limited liability company organized and existing under the laws of the State of Florida (the "Company"), does hereby take the following actions and adopts the following resolutions by unanimous written consent in lieu of a meeting of the Members.

RESOLVED, that the Company:

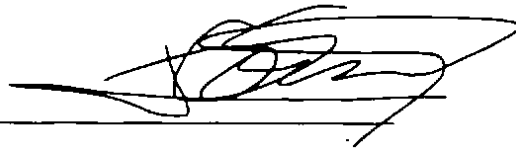
1. Change the name of the Company to TPN Advanced Tech Solutions LLC.
2. Remove Flavio Cristian Chiari as Manager of the Company and appoint Leonardo Scatturice as the sole Manager/Chief Executive Manager of the Company.

FURTHER RESOLVED, that the Chief Executive Manager of the Company is hereby authorized, empowered and directed to do and perform any and all acts and deeds deemed by him necessary to carry out the foregoing resolutions.

IN WITNESS WHEREOF, the undersigned Member has executed this Written Consent this  
29th day of August, 2019.

C3 CONSULTINGS PANAMA, S.A.,  
a Panama private foundation

By: \_\_\_\_\_



Name: Leonardo Scatturice

Title: President