Ø 001/005

Division of Corporations

https://efile.sunbiz.org/scripts/efilcovr.exe

### Florida Department of State

Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H16000227850 3)))



HI 60002278503ARC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Tack Number

: (850) 617-6383

From:

Account Name : MRINKLEY, MORGAN Account Number : 076077003213 Phone : (954)523-2200

Phone (954)522-2200 Fax Number ; (954)522-9123

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

hail Address:\_\_\_\_\_

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN TARDIS CAPITAL INVESTMENTS, LLC

Certificate of Status	 ,.,,,,	0
Certified Copy	 	1
Page Count		04
Estimated Charge		\$55.00

Electronic Filing Menu

Corporate Filing Menu

Help

TILEU MAR SEP 13 P 1: 32

S Warren

SEP 14 2016

9/13/2016 3:45 PM

#### **COVER LETTER**

T <b>O</b> :		ration Section of Corpor				H16000227850 3
SUBJE	Ti CTi	ırdis Capital	Investments, LLC			
0000			Name of Lim	ited Liability Company		
The encl	losed A	ticles of Am	endment and fee(s) are sub	mitted for filing.		
Please re	eturn all	corresponde	once concerning this matter	to the following:		
			William T. Coleman			
			-	Name of Person		•
			Brinkley Morgan			
				Firm/Company	· <del>-</del>	•
			200 East Las Olas Blvd., 1	9th Floor		
÷				Address	· · - · · · · · · · · · · · · · ·	•
			Fort Lauderdale, FL 33301	ı		
				City/State and Zip Code		•
		•	villiam.colcman@brinkley	•		
			E-mail actross: (	to be used for future annual report.	notification)	
For furth	ier infor	mation conc	erning this matter, please of	all:		
William	T. Cole	(נשמו:		954 522-2200 at ()	·	
		Nume of Pe	Non	Area Code Day	röme Telephone Number	<del>.                                      </del>
Enclosed	d is a ch	eck for the fe	ollowing amount			
□ \$25.	00 Filin	g Fee	330.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status &

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

H16000227850 3

#### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

H16000227850 3

(Name of the Limited Liability Company as it now appea (A Florida Limited Liability Company)	rs on our retords.)	
The Articles of Organization for this Limited Liability Company were filed on Section of Plorida document number L16000164234	eptember 1, 2016	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability company h	<u>ere</u> :	
The new name must be distinguishable and contain the words "Limited Liability Company," the c	designation "LLC" or the abbi	eviation "L.L.C."
Enter new principal offices address, if applicable:	ि । । रहा - । । । । । । । । । । । । । । । । । । ।	
(Principal office address MUST BE A STREET ADDRESS)	5	Entered Control
	71-4	w in
<del> </del>	F. S	0
Enter new mailing address, if applicable:	OR OR	<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)	m G	32
B. If amending the registered agent and/or registered office address on registered agent and/or the new registered office address here:  Name of New Registered Agent:	our records, enter th	e name of the
New Registered Office Address:		
	ida street address	<del></del>
	, Florida	

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

H16000227850 3

# If smending Authorized Person(s) suthorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member H160002278503

Title	<u>Name</u>	Address	Type of Action
MGR	Douglas Kutzgar	200 East Las Olas Blvd., Suite 1600 Fort Lauderdale, FL 33301	Add
			Remove
			Change
			D Add
			□ Remove
			Change
			Remove
			Change
			Add
			Remove
			Change
		7.7.7.7.7.7.7.7.7.7.7.7.7.7.7.7.7.7.7.	Remove
		56.55 56.55 57.55 57.55	ω Add Π
		FLORIDA	Remove
		<b>&gt;</b>	Change

merged with Tardis Capital 1	Investments, LLC, effective September 9, 2016 pursuar	nt to the Plan of Merger.
ive date, if other than the	date of filing:  to be specific and carmot be prior to date of filing or more than	(optional) 90 days after filing.) Pursuant to 605.
If the date inserted in this ble	ock does not meet the applicable statutory filing require epartment of State's records.	ements, this date will not be liste
ient 2 kilêêtîyê date dij niç Di	epartment of State 3 feedlos.	
enrd specifies a deleved	d effective date, but not an effective time, a	t 12:01 a.m. on the earlie
90th day after the reci		
		Brods Cartis Cartis Cartis Brods Cartis Ca Cartis Cartis Cartis C
September 13	2016	
Mellion	• 1///	- A型 w 上

Page 3 of 3

Filing Fee: \$25.00