

L20 000145044

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200363047882

04/02/21--01025--001 **30.00

03/11/21 10:10:30

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 180 Capital 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:

Kiara O. Cadiz
Name of Person

Firm/Company

618 E. South Street Suite 500
Address

Orlando FL 32801
City/State and Zip Code

Kiara@cadizconsulting.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kiara O. Cadiz at (407) 634-4727
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee & Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | <input type="checkbox"/> \$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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

180 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 5/28/2020 and assigned Florida document number L20000145044.

This amendment is submitted to amend the following:

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

Cadiz Consulting 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 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> |
|--------------|-------------|----------------|---------------------------------|
| <hr/> | <hr/> | <hr/> | <input type="checkbox"/> Add |
| | | <hr/> | <input type="checkbox"/> Remove |
| | | <hr/> | <input type="checkbox"/> Change |
| <hr/> | <hr/> | <hr/> | <input type="checkbox"/> Add |
| | | <hr/> | <input type="checkbox"/> Remove |
| | | <hr/> | <input type="checkbox"/> Change |
| <hr/> | <hr/> | <hr/> | <input type="checkbox"/> Add |
| | | <hr/> | <input type="checkbox"/> Remove |
| | | <hr/> | <input type="checkbox"/> Change |
| <hr/> | <hr/> | <hr/> | <input type="checkbox"/> Add |
| | | <hr/> | <input type="checkbox"/> Remove |
| | | <hr/> | <input type="checkbox"/> Change |
| <hr/> | <hr/> | <hr/> | <input type="checkbox"/> Add |
| | | <hr/> | <input type="checkbox"/> Remove |
| | | <hr/> | <input type="checkbox"/> Change |
| <hr/> | <hr/> | <hr/> | <input type="checkbox"/> Add |
| | | <hr/> | <input type="checkbox"/> Remove |
| | | <hr/> | <input type="checkbox"/> Change |

[illegible]

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 March 30th, 2021.

Kiara O. Cadiz

Typed or printed name of signee

Filing Fee: \$25.00