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| (Re | questor's Name) | |
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| (Cit | y/State/Zip/Phone | e #) |
| (Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status | | |
| (Bu: | siness Entity Nan | ne) |
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| Certified Copies | Certificates | of Status |
| Special Instructions to 8 | Filing Officer: | |
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Office Use Only



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Registration Section

TO:

| Division of Cor | rporations | | • |
|-------------------------------|--|---|--|
| SUBJECT. | СМІ | F 2.0, LLC | |
| SUBJECT: | Name of Lin | ited Liability Company | |
| The enclosed Articles of | Amendment and fee(s) are sub | omitted for filing. | |
| Please return all correspo | ondence concerning this matter | to the following: | |
| | Debbie Melinger | | |
| | | Name of Person | 7 28 |
| | Firsel Ross Gussis & Alex | ander LLC | 2025 APR -1 PM 3: 08 SECRETARIZATE LEVEL STATE TALLARIZATE LEVEL STATE TALLARI |
| | | Firm/Company | |
| | 10 Parkway North Blvd., S | Suite 110 | - PP |
| | | Address | |
| | Deerfield, IL 60015 | | 08 |
| | | City/State and Zip Code | |
| | dmelinger@firselross.com | | |
| | E-mail address: (| to be used for future annual report not | lification) |
| For further information of | oncerning this matter, please c | all: | |
| Debbie Melinger | | 847 582-9911 at () | |
| Name o | f Person | Area Code Daytir | ne Telephone Number |
| Enclosed is a check for the | ne 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 Addres Registration S | | Street Address: Registration Se | ection |
| Division of C | | Division of Co | |
| P.O. Box 632 | | The Centre of | l'allahassee |
| Tallahassee, l | FL 32314 | 2415 N. Monro | e Street, Suite 810 |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| CN | ИF 2.0, LLC | |
|--|---|-----------------------------------|
| (<u>Name of the Limited Liability Com</u> (A Florida Limite | pany as it now appears on our red d Liability Company) | cords.) |
| The Articles of Organization for this Limited Liability Compar | ny were filed on August 9, 202 | 23 and assigned |
| Florida document number 1.23000375464 | | |
| his amendment is submitted to amend the following: | | |
| a. If amending name, enter the new name of the limited lia | ability company here: | |
| CMF 2.0 FL, LLC | | |
| he new name must be distinguishable and contain the words "Limited Lia | bility Company," the designation "l | LLC" or the abbrevia ten "L.L.C." |
| Enter new principal offices address, if applicable: | N/A | 36 37 |
| Principal office address MUST BE A STREET ADDRESS) | | |
| | | |
| Inter new mailing address, if applicable: | N/A | 1 3: 08 |
| Mailing address MAY BE A POST OFFICE BOX) | | : r' |
| | | |
| 3. If amending the registered agent and/or registered office gent and/or the new registered office address here: | e address on our records, <u>en</u> | ter the name of the new registe |
| Name of New Registered Agent: N/A | | |
| New Registered Office Address: | Enter Florida street ad | dress |
| | | 471 · 1 |
| | City, | Florida 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 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 | | |
|--------|------------|----------|--|
| AMRR = | Authorized | Member 1 | |

| <u>Title</u> | <u>Name</u> | <u>Address</u> | Type of Action |
|--------------|-------------|----------------|---------------------------------------|
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| ctive date, if other than the date of filing:effective date is listed, the date must be specific and cannot be prior to date | (optional) | (0£ 0' |
| If the date inserted in this block does not meet the applicable stament's effective date on the Department of State's records. | tatutory filing requirements, this date will not be | listed |
| ment 3 effective date on the Department of State 5 feedings. | | |
| ord specifies a delayed effective date, but not an effective time, at | : 12:01 a.m. on the earlier of: (b) The 90th day: | after t |
| filed. | ŕ | |
| d Man 1 2 2025 | | |
| d March 25 2025 | | |
| | | _ |
| Signature of a member or authorized r | representative of a member | |