

12/30/2019

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
Fax Number : (954)208-0845

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

Email Address: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
CDI-M&T COMPANY, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	08
Estimated Charge	\$55.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2020 JAN -2 AM 2:41

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Fax Server



December 27, 2019

FLORIDA DEPARTMENT OF STATE
Division of Corporations

CDI-M&T COMPANY, LLC
1717 ARCH STREET 35TH FL
PHILADELPHIA, PA 19103

SUBJECT: CDI-M&T COMPANY, LLC
REF: M14000004346

We have received your electronically transmitted document. However, the document was submitted under the wrong electronic filing type and cannot be processed by this office.

To proceed, you must abandon this filing and resubmit your filing under the appropriate electronic filing type.

The fax audit sheet and the form are for a Corporation. This company is an Foreign LLC. Please resubmit with a Foreign LLC amendment form and a LLC amendment fax audit sheet.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly
Regulatory Specialist II

FAX Aud. #: H19000369167
Letter Number: 719A00026248

2020 JAN -2 AM 9:42
TALLAHASSEE

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of State: CDI-M&T Company, LLC

Enter new principal office 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)

2. The Florida document number of this limited liability company is: M14000004346

3. Jurisdiction of its organization: Pennsylvania

4. Date authorized to do business in Florida: Pennsylvania 6/19/2014

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: Gryphon M&T, LLC
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer 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

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

/s/ Gregory Buckis

Signature of the authorized representative

Gregory Buckis

Typed or printed name of signee

Filing Fee: \$25.00

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE

12/19/2019

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

Gryphon M&T, LLC

I, Kathy Boockvar, Secretary of the Commonwealth of Pennsylvania, do hereby certify that the foregoing and annexed is a true and correct copy of

Amendment filed on Nov 28, 2018 - Pages (3)

which appear of record in this department.



IN TESTIMONY WHEREOF, I have hereunto set
my hand and caused the Seal of the Secretary's
Office to be affixed, the day and year above written

Kathy Boockvar


Secretary of the Commonwealth

Certification Number: TSC191219182126-1

Verify this certificate online at <http://www.corporations.pa.gov/orders/verify>

Entity# : 4236110
Date Filed : 11/28/2018
Pennsylvania Department of State

PENNSYLVANIA DEPARTMENT OF STATE
BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS

<input type="checkbox"/> Return document by mail to: CT - COUNTER Name <u>11274900 SOI</u> Address <u>nicole.grimme@wolterskluwer.com</u> City _____ State _____ Zip Code _____ <input checked="" type="checkbox"/> Return document by email to: _____		Certificate of Amendment - Domestic Limited Partnership/Limited Liability Company 2000-15 00000000 / 11/28/2018  TCO181126RA0852
--	--	--

Read all instructions prior to completing. This form may be submitted online at <http://www.pennsylvania.gov>

Fee: \$70

Check one: ☐ Limited Partnership (§ 8622) ☒ Limited Liability Company (§ 8822)

In compliance with the requirements of the applicable provisions (relating to Amendment or Restatement of Certificate), the undersigned, desiring to amend or restate its Certificate of Limited Partnership/Certificate of Organization, hereby certifies that:

1. The name of the limited partnership/limited liability company is: CDI-M&T Company, LLC

2. The date of filing of the original Certificate of Limited Partnership/Certificate of Organization is:

12/27/2013
Date (MM/DD/YYYY)

3. The current registered office address as on file with the Department of State. Complete part (a) **OR** (b) – not both:

(a) 1717 Arch St., 35th Floor Philadelphia Pennsylvania 19103 USA
Number and street City State Zip County

(b) c/o: _____
Name of Commercial Registered Office Provider County

4. Check, and if appropriate complete, one of the following:

☐ The amendment adopted by the limited partnership/limited liability company, set forth in full, is as follows:

☒ The amendment adopted by the limited partnership/limited liability company is set forth in full in Exhibit A attached hereto and made a part hereof.

5. Effective date of amendment (check, and if appropriate complete, one of the following):

☒ The amendment shall be effective upon filing this Certificate of Amendment in the Department of State.

☐ The amendment shall be effective on: _____ at _____
Date (MM/DD/YYYY) Hour (if any)

20191230 16:56:50
11/28/2018

DSCB:15-8622/8822-2

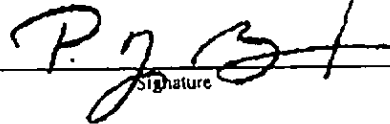
6. Check if the amendment restates the Certificate of Limited Partnership/Certificate of Organization:

- ☒ The restated Certificate of Limited Partnership/Certificate of Organization supersedes the original Certificate of Limited Partnership/Certificate of Organization and all previous amendments thereto.

IN TESTIMONY WHEREOF, the undersigned limited partnership/limited liability company has caused this Certificate of Amendment to be executed by a duly authorized person thereof this 27th day of November, 2018.

CDI M&T Company, LLC

Name of Limited Partnership/Limited Liability Company


Signature

Pameia J. Braden - Chief Executive Officer

Title

Exhibit A

1. The name of the limited liability company (*designator is required, i.e., "company", "limited" or "limited liability company" or abbreviation*):

Gryphon M&T, LLC