

M220000008867

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

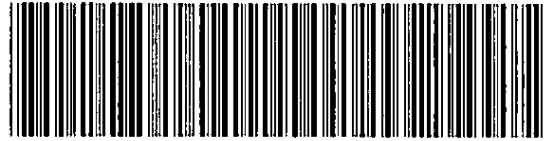
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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V<sup>U</sup> NIC Amend

2022 SEP 19 AM 11:58

2022 SEP 19 PM 12:00

A. RAMSEY  
SEP 20 2022

FILED



**COGENCYGLOBAL**

115 N CALHOUN ST., STE. 4  
TALLAHASSEE, FL 32301  
**866.625.0838**  
COGENCYGLOBAL.COM

Date: **September 16, 2022**

Account#: 1200000000088

Name: **David Shulman**

Reference #: **1784148**

Entity Name: **CV EQUITY FUND I, LLC**

☐ Articles of Incorporation/Authorization to Transact Business

☒ Amendment

☐ Change of Agent

☐ Reinstatement

☐ Conversion

☐ Merger

☐ Dissolution/Withdrawal

☐ Fictitious Name

☐ Other \_\_\_\_\_

**ISSUES? CALL**

**David:**

**850-270-0082**

Authorized Amount: **\$25.00**

Signature: David Shulman

**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: CV Equity Fund I, 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: M22000008867

3. Jurisdiction of its organization: DE

4. Date authorized to do business in Florida: 06/07/2022

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

5. New name of the limited liability company: CV Equity I, 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.*

FILED  
2022 SEP 19 PM 12:00

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
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		_____	<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.

Gail Buteau  
Signature of the authorized representative

Gail Buteau, Secretary  
Typed or printed name of signee

**Filing Fee: \$25.00**

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF  
DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT  
COPY OF THE CERTIFICATE OF AMENDMENT OF "CV EQUITY FUND I,  
LLC", CHANGING ITS NAME FROM "CV EQUITY FUND I, LLC" TO "CV  
EQUITY I, LLC", FILED IN THIS OFFICE ON THE NINTH DAY OF  
SEPTEMBER, A.D. 2022, AT 4:59 O'CLOCK P.M.



6806267 8100  
SR# 20223489451

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

A handwritten signature of Jeffrey W. Bullock in black ink, written over a horizontal line.

Jeffrey W. Bullock, Secretary of State

Authentication: 204384421  
Date: 09-13-22

State of Delaware  
Secretary of State  
Division of Corporations  
Delivered 04:59 PM 09/09/2022  
FILED 04:59 PM 09/09/2022  
SR 20223489451 - File Number 6806267

**STATE OF DELAWARE  
CERTIFICATE OF AMENDMENT**

1. Name of Limited Liability Company: CV Equity Fund I, LLC  
\_\_\_\_\_
2. The Certificate of Formation of the limited liability company is hereby amended as follows:  
Section 1. is deleted and replaced in its entirety with: 1. Name. The name of the  
limited liability company formed hereby (the "Company") is CV Equity I, LLC.  
\_\_\_\_\_

IN WITNESS WHEREOF, the undersigned have executed this Certificate on  
the 9th day of September, A.D. 2022.

By: Gail Buteau  
Authorized Person(s)

Name: Gail Buteau, Secretary