

**M220000013093**

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

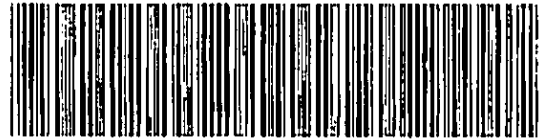
Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

J. HORNE

JAN 10 2023

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2023 JAN -9 AM 8:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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2023 JAN -9 PM 3:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FLORIDA CAPITAL COURIER SERVICES, INC  
2330 CLARE DRIVE  
TALLAHASSEE, FL 32309  
(850) 524-5437  
(850) 524-6243

PLEASE USE FUNDS FROM ACCT: 120210000160    AMOUNT: 30.00

AUTHORIZATION: \_\_\_\_\_

5 Talmadge Street, LLC

Business Name

Document Number, (if known):

☐ Walk in

☐ Pick up time \_\_\_\_\_

☐ Mail out

☐ Will wait ☐ Photocopy

☐ Certified Copy of Articles of Incorporation

☒ Certificate of Status

NEW FILINGS

☐ Profit

☐ Not for Profit

☐ Limited Liability

☐ Domestication

☐ Other

☐ CORP

☐ PLLC

AMMENDMENTS

☒ Amendment

☐ Resignation of R.A. Officer/Director

☐ Change of Registered Agent

☐ Dissolution

☐ Merger

☐ Conversion

☐ Notice of Withdrawal of Certificate of Authority

OTHER FILINGS

☐ Annual Report

☐ Fictitious Name

☐ APOSTIL() \_\_\_\_\_

☐ Other  
Country \_\_\_\_\_

REGISTRATION/QUALIFICATIONS

☐ Foreign filing

☐ Limited Partnership

☐ Reinstatement

EXAMINER'S INITIALS: \_\_\_\_\_

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2330 CLARE DRIVE  
TALLAHASSEE, FL 32309  
(850) 524-5437  
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X Certificate of Status

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\_\_\_ Other

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**AMMENDMENTS**

X Amendment

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\_\_\_ Reinstatement

\_\_\_ APOSTIL()\_\_\_

\_\_\_ Other  
Country

EXAMINER'S INITIALS: \_\_\_\_\_

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** 5 Talmadge Street, LLC

Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Olivia Warden

Name of Person

Steven Serle, P.A.

Firm/Company

5520 N. Federal Hwy

Address

Boca Raton, FL 33487

City/State and Zip Code

olivia@stevenserlepa.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Olivia Warden

Name of Person

at ( 561 ) 912-3575

Area Code & Daytime Telephone Number

**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

Enclosed is a check for the following amount:

- ☐ \$25 Filing Fee    ☒ \$30 Filing Fee & Certificate of Status    ☐ \$55 Filing Fee & Certified Copy    ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

**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: 5 Talmadge Street, LLC

Enter new principal office address, if applicable: \_\_\_\_\_

(Principal office address  
MUST BE A STREET ADDRESS)

8 Royal Palm Way, Unit 206

Boca Raton, Florida 33432

Enter new mailing address, if applicable: \_\_\_\_\_

(Mailing address  
MAY BE A POST OFFICE BOX)

1512 SW 5th Ave

Boca Raton, Florida 33432

2. The Florida document number of this limited liability company is: M122000013093

3. Jurisdiction of its organization: Connecticut

4. Date authorized to do business in Florida: 8/17/2022

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

5. New name of the limited liability company: CVP Properties 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.*

\_\_\_\_\_  
If Changing Registered Agent, Signature of New Registered Agent

2023 JAN 9 AM 8:57  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

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

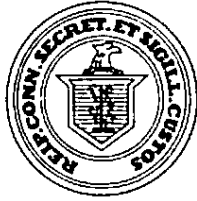
9. Attached is a certificate, if required: no more than 90 days old, evidencing the  
aforementioned amendment(s), duly authenticated by the official having custody of records in the  
jurisdiction under the law of which this entity is organized.

\_\_\_\_\_  
Signature of the authorized representative

Christopher Pizzi

\_\_\_\_\_  
Typed or printed name of signer

Filing Fee: \$25.00



# Secretary of the State of Connecticut Certificate of Amendment

Domestic Limited Liability Company

## Filing Details

Filing Number: 0011542916      Number of Pages: 1  
Filed On: 12/27/2022 2:01:11 PM      Effective Date & Time: 1/1/2023 12:01 AM

## Primary Details

Name of Limited Liability Company: 5 TALMADGE STREET, LLC  
Business ALEI: US-CT.BER:1088020

## Text of Amendment

The Limited Liability Company's Certificate of Organization is amended to change its name only.

Updated Name of Limited Liability Company: CVP Properties I LLC

## Acknowledgement

I hereby certify and state under penalties of false statement that all the information set forth on this document is true.

I hereby electronically sign this document on behalf of:

Name of Authorizer: CHRISTOPHER PIZZI  
Authorizer Title: Member

Filer Name: Christopher Pizzi  
Filer Signature: Christopher Pizzi  
Execution Date: 12/27/2022

*This signature has been executed electronically*

**RESOLUTION**

**5 TALMADGE STREET, LLC  
a Connecticut limited liability company**

**THE UNDERSIGNED**, being the Managing Member of 5 Talmadge Street, LLC, a Connecticut limited liability company (the "Company"), hereby certify as follows on behalf of the Company:

The undersigned Managing Member of 5 Talmadge Street, LLC, hereby adopt the following Resolution:

**RESOLVED**, that the Company shall change its name from 5 Talmadge Street, LLC to CVP Properties I LLC. The Managing Manager of the Company is hereby authorized and directed by the Company to file the appropriate amendments and other documents with the State of Connecticut and the State of Florida to effectuate this name change in each jurisdiction.

The above Resolutions were duly and regularly enacted at a meeting of the Members of the Company called for that purpose in accordance with the Articles of Organization of the Company and the laws of the State of Connecticut; the Members of the Company have full power and authority to bind the Company pursuant to the foregoing Resolutions; and the Resolutions are in full force and effect and have not been altered, modified or rescinded.

**IN WITNESS WHEREOF**, the undersigned, being the Managing Member of the Company, has executed this Resolution on this 1<sup>st</sup> day of January, 2023.

**MANAGING MEMBER:  
CHRISTOPHER R. PIZZI**

  
Christopher R. Pizzi