M24000002726

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: 120000000088 If there are any issues please contact Patrice at 850-202-9071

Date:_	03/12/2024						
Name:	Patrice Rush						
Refere	nce #: 2296236						
Entity I	Name: C/M CAPITAL	PARTNERS IM GP, LLC					
	Articles of Incorporation/Authorizat	on to Transact Business					
\checkmark	Amendment						
	Change of Agent						
	Reinstatement						
	☐ Conversion						
	☐ Merger						
	☐ Dissolution/Withdrawal						
	Fictitious Name						
	Other						
Author	ized Amount: \$25.00						
Signati	ure: (Pal//						

F: 800.944.6607

F: +852.2682.9790

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: C/M CAPITAL PARTNERS IM GP LLC					
Name of Foreign Limited Liability Company					
Dear Sir or Madam:					
The enclosed applicat	tion, certificate and fee(s) ar	e submitted for filing.			
Please return all corre	espondence concerning this	matter to the following:			
	Randolph Ford				
	Name of Person				
c/o So	hulte Roth & Zabel LLP				
	Firm/Company				
	919 third Avenue				
	Address				
New	York, New York 10022				
	City/State and Zip Code				
	no@mercerstcap.com be used for future annual re	eport notification)			
E-man address. (10	oc used for factic annual re	port notification)			
For further information	on concerning this matter, pl	ease call:			
Jonath	nan Juchno a	ıt (<u>646</u>)	401- 4216		
Name	e of Person	Area Code & Daytim	e Telephone Number		
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314			
Enclosed is a check \$25 Filing Fee	for the following amount: [] \$30 Filing Fee & Certificate of Status	S55 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 appear	rs on the records of the Florida Department of AL PARTNERS IM GP LLC					
State:	AL PARTNERS IN GP LLC					
Enter new principal office address, if applicable:	2024					
(<u>Principal office address</u> <u>MUST BE A STREET ADDRESS</u>)	HAR 12 A					
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	AM II: 38					
2. The Florida document number of this limited lia	ability company is: M2400002726					
3. Jurisdiction of its organization:	Delaware					
4. Date authorized to do business in Florida:						
SECTION II (5-9 complete only the applicable	changes)					
5. New name of the limited liability company: (mus	C/M Capital Partners IM GP, LLC st contain "Limited Liability Company," "L.L.C.," or "LLC.")					
	d for the purpose of transacting business in Florida and attach a maging members adopting the alternate name. The alternate name C." or "LLC.")					
6. If amending the registered agent and/or registere registered agent and/or the new registered office a	ed officer address on our records, enter the name of the new ddress here:					
Name of New Registered Agent:						
New Registered Office Address:						
	Enter Florida Street Address					
 -	, Florida City Zip Code					
the provisions of all statutes relative to the proper and accept the obligations of my position as regist	egistered Agent: ent and agree to act in this capacity. I further agree to comply with and complete performance of my duties, and I am familiar with tered agent as provided for in Chapter 605, F.S. Or, if this in the registered office address, I hereby confirm that the limited					

3. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:						
itle/ Capacity	Name	Address	Type of Actio			
			Add			
	-		Remo			
			Remo			
			Add			
			Remov			
			Add			
			Remove			
			Add			
Association and C		and anidomain the	Remov			
aforementioned am	GC3DA42784	official having custody of record.	AR 12			
	Jonathan	Juchno	MII: 38			

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 "C/M CAPITAL PARTNERS, LLC", CHANGING ITS NAME FROM "C/M CAPITAL PARTNERS, LLC" TO "C/M CAPITAL PARTNERS IM GP, LLC", FILED IN THIS OFFICE ON THE ELEVENTH DAY OF MARCH, A.D. 2024, AT 5:27 O'CLOCK P.M.



Authentication: 202998645

Date: 03-12-24

State of Delaware
Secretary of State
Division of Corporations
Delivered 05:27 PM 03/11/2024
FILED 05:27 PM 03/11/2024
SR 20240958824 File Number 3044355

CERTIFICATE OF AMENDMENT OF THE CERTIFICATE OF FORMATION OF C/M CAPITAL PARTNERS, LLC

- 1. The name of the limited liability company is C/M Capital Partners, LLC (the "Company").
- 2. The FIRST paragraph of the Certificate of Formation of the Company is hereby amended to change the name of the Company from "C/M Capital Partners, LLC" to "C/M Capital Partners IM GP, LLC" so that it shall henceforth read in its entirety as follows:

"FIRST: The name of the limited liability company is C/M Capital Partners IM GP, LLC."

IN WITNESS WHEREOF, the undersigned has executed this Certificate of Amendment of the Certificate of Formation of the Company this 11th day of March, 2024.

Docusigned by:

JONATHAN JUCHNO

CC3DAA278817497...

Name: Jonathan Juchno Title: Authorized Person