M24000002726

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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Account#: I20000000088
If there are any issues please contact Patrice at 850-202-9071

Date: 03/12/2024

Name: **Patrice Rush**

Reference #: **2296236**

Entity Name: **C/M CAPITAL PARTNERS IM GP, LLC**

- ☐ Articles of Incorporation/Authorization to Transact Business
- ☑ Amendment
- ☐ Change of Agent
- ☐ Reinstatement
- ☐ Conversion
- ☐ Merger
- ☐ Dissolution/Withdrawal
- ☐ Fictitious Name
- ☐ Other _____

Authorized Amount: **$25.00**

Signature: _____

CORPORATE HQ
COGENCY GLOBAL INC.
10 E 40TH ST. 10TH FL
NY, NY 10016
D: +1.212.947.7200
P: 800.221.0102
F: 800.944.6607

EUROPEAN HQ
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6 LLOYDS AVE, UNIT 4CL
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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 application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Randolph Ford
Name of Person

c/o Schulte Roth & Zabel LLP
Firm/Company

919 third Avenue
Address

New York, New York 10022
City/State and Zip Code

jjuchno@mercerstcap.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jonathan Juchno at (646) 401-4216
Name of Person — Area Code & Daytime 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 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

CR2E055 (9/15)

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: C/M CAPITAL PARTNERS IM GP 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) _____

_____

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TALLAHASSEE, FLORIDA

2. The Florida document number of this limited liability company is: M24000002726

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 03/01/2024

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

5. New name of the limited liability company: C/M Capital Partners IM GP, 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:

_____

Title/ Capacity	Name	Address	Type of Action
_____	_____	_____	☐ Add
		_____	☐ Remove
_____	_____	_____	☐ Add
		_____	☐ Remove
_____	_____	_____	☐ Add
		_____	☐ Remove
_____	_____	_____	☐ Add
		_____	☐ Remove
_____	_____	_____	☐ Add
		_____	☐ 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.

JONATHAN JUCHNO
Signature of the authorized representative

Jonathan Juchno
Typed or printed name of signee

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Filing Fee: $25.00

Delaware

The First State

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.

Jeffrey W. Bullock, Secretary of State

3044355 8100
SR# 20240958824

Authentication: 202998645
Date: 03-12-24

You may verify this certificate online at corp.delaware.gov/authver.shtml

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:
By: JONATHAN JUCHNO
CC3DA4278B17497...
Name: Jonathan Juchno
Title: Authorized Person