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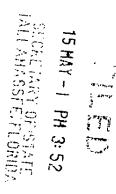
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" COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Las Olas Low Volatility L.P.		
Name of Florida Limited Partnership or Limited Liability Limited Partnership		
The enclosed Certificate of Amendment and fee(s) are submitted for filing.		
Please return all correspondence concerning this matter to:		
LISO-TRAFFORD		
South Ocean Capital Partners, LLC		
South Ocean Capital Partners, LLC Firm/Company 401 East Las Olas Blvd, Suite 2220 Address		
Address		
Fort Lauderdate, FL : 33301		
City, State and Zip Code		
LTRAFFORD@SOUTHOCEANCAPITAL.COM		
E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
LISA TRAFFORD at (954) 331-0109 Name of Contact Person Area Code and Daytime Telephone Number		
Name of Contact Person Area Code and Daytime Telephone Number		
Enclosed is a check for the following amount:		
\$52.50 Filing Fee and Certificate of Status \$105.00 Filing Fee S113.75 Filing Fee, Certified Copy, and Certificate of Status		
STREET ADDRESS: MAILING ADDRESS:		
Registration Section Registration Section Division of Corporations Division of Corporations		
Clifton Building P. O. Box 6327		
2661 Executive Center Circle Tallahassee, FL 32314 Tallahassee, FL 32301		
Talialia5500, T.D. 52501		

CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP

Las OI	as Low	Volatility L.P.	
			A #

Insert name curre	ntly on file with Florida Departm	nent of State
Pursuant to the provisions of section 620. limited liability limited partnership, whose <u>December 6, 2006</u> , assign adopts the following certificate of amendations.	e certificate was filed with med Florida document num	the Florida Department of State on ber A0600001420
This amendment is submitted to amend the fol	llowing:	·
A. If amending name, enter the new name here:	of the limited partnership o	r limited liability limited partnership
New name must be d	istinguishable and contain an acc	eptable suffix.
Acceptable Limited Partnership suffixes: Limited Acceptable Limited Liability Limited Partnership		
B. If amending mailing address and/or principal office address here:	principal office address,	enter new mailing address and/or
New Principal Office Address) (Must be STREET address)	Suite 2220 Fort Lauderda	Olas Boukvard 5
New Mailing Address: (May be post office box)	401 East Las Suite 2220 Fort Lauderdas	
C. If amending the registered agent and/o new registered agent and/or the new registe		n our records, enter the name of the
Name of New Registered Agent:	David W. Horv	
New Registered Office Address:	401 East Las Ola	s Blvd, Suik 2220 la street address
	Fort Lauderdate City	. Florida 3330/
	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.

If Changing Registered Agent, Signature of New Registered Agent

D. If amending the general partner(s), enter the name and business address of each general partner being added or removed from our records:

<u>Title</u>	Name	Address	Type of Action
			_ Add _ Remove
			_ Add _ Remove
			Add Remove 5
			Add Remove
	-		_ Add & S
			Add Remove

E. If the limited partnership or limited liability limited partnership is amending its "limited liability limited partnership" status, enter change here:

	This Limited Partnership hereby elects to be a "Limited Liability Limited Partnership."
--	---

This Limited Partnership hereby removes its "Limited Liability Limited Partnership" status.

(NOTE: If adding or removing" limited liability limited partnership" status, all general partners must sign this amendment.)

F. If amending any other information, enter change(s) h	ere: (Attach additional sheets, if necessary.)
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Effective date, if other than the date of filing: (Effective date cannot be prior to nor more than 90 days after the date	this do a surrous is filled but the Elevide Document of
State.)	ints document is filed by the r-to-tad Department of
Signatura(s) of a governal postures or all general postures	*.
Signature(s) of a general partner or all general partners	
(*NOTE: Only one current general partner is required to sign this document a "limited liability limited partnership" election statement. C when adding or removing a "limited liability limited partnership" elections taken and the partnership are considered to the partnership are	hapter 620, F.S., requires all general partners to sign
	•
for I for	
By: Richard M. Johns President	eta .
	TO G
Las Olas Hedge, LLC	
its General Partner	- 1 SS
Signature(s) of all new or dissociating general partner(s)), if any:
Segure 10/0/ of the new of bissociating general partmer(s)	
	22
	.>
Filing Fee: \$52.50	
Certified Copy (optional): \$52.50	
Certificate of Status (optional): \$8.75	