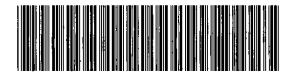
(Re	equestor's Name)			
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EXAMINER



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COVER LETTER

TO:

Registration Section

grand and a second control of the

Division of Cor	rporations	•							
supress. Madiso	in Assets Group III	C							
SUBJECT: INICOIOC	SUBJECT: Madison Assets Group, LLC (Name of Limited Liability Company)								
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.							
Please return all correspo	ondence concerning this matter	to the following:							
	•								
		(Name of Person)							
	Law Offices of Henry T.								
(Firm/Company)									
11013 Countryway Blvd.									
		(Address)							
	Tampa, FL 33626								
		(City/State and Zip Code)							
For further information of	concerning this matter, please c	all:							
I	4 .5	• •							
Henry T. Sorenseń II,		at (813) 814-7600							
(Name	of Person)	(Area Code & Daytime T	elephone Number)						
Enclosed is a check for the	he following amount:								
2 \$25.00 Filing Fee	□\$30.00 Filing Fee & Certificate of Status	□\$55.00 Filing Fee & Certified Copy. (additional copy is enclosed)	□\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)						
Registi Divisio P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 assee, FL 32314	STREET/COURIER Registration Section Division of Corporatio Clifton Building 2661 Executive Center Tallahassee, FL 32301	ons r Circle						

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Madison Assets Group, LLC						
(<u>Name of the Limited Liab</u> (A Flori	ility Company da Limited Lia	y as it now appears on our records, ability Company))			
(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		acting transparity				
The Articles of Organization for this Limited Liability Company were filed on October 14, 2003 and assign						
Florida document number L03000039247	·					
This amendment is submitted to amend the following	g:					
A. If amending name, enter the new name of the	limited liabil	ity company h <u>ere</u> :				
,						
The new name must be distinguishable and end with the	words "Limite	ed Liability Company," the designation	on "LLC" or the a	bbreviation		
"L.L.C."		,	•	-		
Enter new principal offices address, if applicables	;	11125 Park Blvd., Suite 104-122	<u> </u>	<u> </u>		
(Principal office address MUST BE A STREET AL		St. Petersburg, FL 33772	20 (<u> 28</u>		
			<u> </u>	334		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		11125 Park Blvd., Suite 104-122	2	왕유= -		
		St. Petersburg, FL 33772		22		
				<u> </u>		
B. If amending the registered agent and/or re			ter the name o	f the new		
registered agent and/or the new registered office	<u>address here</u>	:				
Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·					
New Registered Office Address: 11125 Park Blvd., Suite 104-122						
		(Enter Florida stre	et address)			
SI	. Petersburg	, Florid	a 33772			
		(City)	(Zip Cod	e)		
New Desistand Agent's Signature if changing Pagis	tored Agent.					

(If Changing Registered Agent, Signature of New 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 608, 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 amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records: MGR = Manager MGRM = Managing Member **Address** Type of Action <u>Title</u> <u>Name</u> MGRM Jimi A. Barfield 2490 Broad Street _**r** ✓ Add Remove Brooksville, FL 34604 ☐ Add Remove 7 Add Remove Remove □ Add Remove ☐ Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated Signature of a member or authorized representative of a member for <u>Charles</u> Magnard Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00