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SECRETARY OF STATE
FALL AHASSEF, FLORIDA

K. SALY EXAMINER MAR - 3 2014

COVER LETTER

	tration Section ion of Corporat	ions			
SUBJECT:	DE PAC	R AVION LL	C		
SUBJECT		Name of Limited	Liability Company		
The enclosed A	Articles of Amen	dment and fee(s) are submitt	ed for filing.		
Please return a	ll correspondenc	e concerning this matter to the	he following:		
	II	LLANN POW	ER		
			Name of Person	-	
	_	DE PAOR AV	ION LLC		
		, ,	Firm/Company		
	E	3OX 2322			
			Address	···	
	١	NEW YORK,	NY10163		
			ity/State and Zip Code		<u> </u>
	IL.	LANN@DEPAOR\	ENTURES.CC		<u> </u>
		·	e used for future annual re	port notification)
For further into	ormation concert	ning this matter, please call:			
ILLANI	N POW	ER	$_{at}(212)31$	00168	
	Name of Perso	on	Area Code	Daytime Telepl	
Enclosed is a c	heck for the foll	owing amount:			
■ \$25.00 Fili	ing Fee 🔲	\$30.00 Filing Fee & [Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclo		\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FIL	-ED
2014 FEB 27	۸.
ALLAHASSEE.	' ⁿ 3: 19 ^{3F} S ïnra
-05E,	FLORIDA

DEPAOR VENTURES LLC

(Name of the Limited Liability Company as it now appears on our records.

(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 0 10 12013 and assigned Florida document number L13000126640 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 110 EAST 極工的 STREET Enter new principal offices address, if applicable: NEW YORK , NY 1001 10036 (Principal office address MUST BE A STREET ADDRESS) **BOX 2322** Enter new mailing address, if applicable: NEW YORK, NY10163 (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office 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

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

, Florida

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

AMBR = A			
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			Add
			Remove
			Add
			Remove
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		···	□ Add
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). If ame	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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The effection (The effection the date	ive date, if other than the date of filing:
Dated	02[2年201年 201年 201年 201年 201年 201年 201年 201
	Signature of a member or authorized representative of a member
	ILLANN-BOWER
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00