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T. HAMPTON

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: ITG T	axable Fund, LLLP
	mership or Limited Liability Limited Partnership
The enclosed Certificate of Amendment an	nd fee(s) are submitted for filing.
Please return all correspondence concerning	g this matter to:
Andrew Sanford Contact Person	
ITG Taxable Fund Manageme	nt LLC
Firm/Company	
13490 Old Livingston Ro	ad
Address	
Naples, Florida 34109	
City, State and Zip Code	
admin@itgholdings.com	
E-mail address: (to be used for future annual	report notification)
For further information concerning this ma	atter, please call:
Andrew Sanford	_at (<u>239</u>) <u>514-4484</u>
Name of Contact Person	Area Code and Daytime Telephone Number
Enclosed is a check for the following amount	unt:
\$52.50 Filing Fee and Certificate of Status	\$105.00 Filing Fee \$113.75 Filing Fee, Certified Copy, and Certificate of Status
STREET ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	MAILING ADDRESS: Registration Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP **OF**

ITG Taxable Fund, LLLP
Insert name currently on file with Florida Department of State

Pursuant to the provisions of section 620.1202, limited liability limited partnership, whose certi December 10, 2012, assigned FI	ficate was filed with the Florida	Department of	f State on
adopts the following certificate of amendment to			
This amendment is submitted to amend the following	:		
A. If amending name, enter the new name of the here:	limited partnership or limited lia	bility limited p	<u>partnership</u>
New name must be distinguis	shable and contain an acceptable suffix		
Acceptable Limited Partnership suffixes: Limited Partner. Acceptable Limited Liability Limited Partnership suffixes		L.L.L.P. or LLI	SP.
B. If amending mailing address and/or princ principal office address here:	ipal office address, <u>enter new r</u>	nailing addro	ess and/or
New Principal Office Address: (Must be STREET address)			_ _ _
New Mailing Address: (May be post office box)			
C. If amending the registered agent and/or regisnew registered agent and/or the new registered off		ds, enter the r	name of the
			SEIVISI 13
Name of New Registered Agent:		7 8 1 1 8 1 8	SECRETION OF THE PROPERTY OF T
New Registered Office Address:			
	Enter Florida street addr	ess	<u></u>
	, Florida		_ %
	City	Zip Code	<u> </u>

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>	<u>Name</u>	Address	Type of Action
<u>GP</u>	ITG Taxable Fund Management, LLC	13490 Old Livingston Road Naples, Florida 34109	_
<u>GP</u>	ITG Fund Management, LLC	13490 Old Livingston Road Naples, Florida 34109	Add ON SECONO
			_ Add _ Remove
			_ Add 2: 25 Removes
			Add Remove
the limited p	partnership or limited liability	v limited partnership is amen	– ding its "limited liabili

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 infor	mation, enter chan	ge(s) here: (Attach additional sh	eets, if necessary.)
Effective date, if other than the date (Effective date cannot be prior to nor mor State.)	e of filing: re than 90 days after to	he date this document is filed by the	Florida Department of
Signature(s) of a general partner	or all general pa	rtners*:	
(*NOTE: Only one current general partn removing a "limited liability limited partn when adding or removing a "limited liability".	ership" election stater	nent. Chapter 620, F.S., requires all	nership is adding or general partners to sign
(Managing Member of ITG)		:,ue)	
			
Signature(s) of all new or dissoci	ating general par	tner(s), if any:	
an late			
Manager of	ITG Taxable Fu	nd Management, LLC)	
	<u> </u>		ISCURE SECURE
Filing Fee: Certified Copy (optional): Certificate of Status (optional):	\$52.50 \$52.50 \$8.75		-
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