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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : ASMA & ASMA, P.A.

Account Number : 120060000067 Phone : (407)656-5750

Fax Number : (407)656-0486

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN DEER TRUST MANAGEMENT INVESTMENT, LLC

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DEER TRUST MANAGEMENT INVESTMENT, LL		
(Name of the Limited Liability Comna) (A Florida Limited L	ny as it now angoars on our records.) lability Company)	
he Articles of Organization for this Limited Liability Company	were filed on 02/09/2004	and assigned
orida document number L04000013010		
nis amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liabi	lity company here:	
e new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" or the a	bbreviation "L.L.C."
nter new principal offices address, if applicable:		
rincipal office address MUST BE A STREET ADDRESS)		
iter new mailing address, if applicable:	P.O. Box 1236	
failing address MAY BE A POST OFFICE BOX)	Hernando, FL 34441	· · · · ·
The same of the sa		
If amending the registered agent and/or registered office a ent and/or the new registered office address here:	ddress on our records, <u>enter the nap</u>	ne of the new registere
		2 HA
Name of New Registered Agent:		
New Registered Office Address:		ω <u>Γ</u>
	Enter Florida street address	
	, Florida	9
	City	Zip Code W

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

(((H22000172119 3)))
If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

Title	Name	<u>Address</u>	Type of Action
М	INGRID G. MARIA VOSSEBELD	P.O. BOX 1236	□Add
		HERNANDO, FLORIDA 34442	≅ Remove
			□Remove
			© Change
			□Add
			□Remove
			Change
			
			Remove
			□Change
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			QRemove
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