L04000081823

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SECRETARY OF STATE DIVISION OF CORPORATIONS

T. HAMPTON

SEP 1 0 2010

EXAMINER

COVER LETTER

TO: Registration Division of	n Section 7 Corporations	• •		
SUBJECT:	INSURED DEF	POSITS CONDUIT L	LC	
		nited Liability Company		
	of Amendment and fee(s) are subspondence concerning this matter	_		
		GREGORY SCHEIN		
Name of Person				
INSURED DEPOSITS CONDUIT LLC			T LLC	
Firm/Company				
2977 MCFARLANE ROAD SUITE 306				
		Address		
COCONUT GROVE/FL 33133				
	GSCHE	City/State and Zip Code IN@INDECOCONDUIT	COM	
	E-mail address:	(to be used for future annual repor	t notification)	
For further informatio	n concerning this matter, please	call:		
	EGORY SCHEIN	at (_305_)	441 2750	
Nam	e of Person	Area Code & D	aytime Telephone Number	
Enclosed is a check fo	r the following amount:			
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is end	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Regi Divi	ILING ADDRESS: stration Section sion of Corporations Box 6327	STREET/CO Registration S Division of C Clifton Buildi	orporations	

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

INSURED DEPOSITS CONDUIT 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 Con	mpany were filed on NOVEN	MBER 12, 2004 and assigned	
Florida document numberL04000081823	•	SE VISE	
	-	SEP	
This amendment is submitted to amend the following:		1 HE	
•		ogi Cer	
A. If amending name, enter the new name of the limite	ed liability company here:	유	
		• RXX	
The new name must be distinguishable and end with the words "L.L.C."	s "Limited Liability Company," th	ne designation "LLC" or the abbasication	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRE	'CC)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
	· · · · · · · · · · · · · · · · · · ·		
B. If amending the registered agent and/or register	ed office address on our re	cords, enter the name of the new	
registered agent and/or the new registered office addre	ss here:		
Name of New Posts			
Name of New Registered Agent:	······································		
New Registered Office Address:			
	Enter Florida street address		
		, Florida	
	City	Zip Code	
New Registered Agent's Signature if changing Degistered A	\		

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 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 Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

MGRM = Managing Member

Type of Action Title **Address** Name JORGE H COLOMA MGRM 600 CORAL WAY ☐ Add 11TH FLOOR ✓ Remove CORAL GABLES, FL 33134 ERNESTO CAMBO MGRM 4255 LAKE ROAD **✓** Add MIAMI, FL 33137 ☐ Remove Add Remove Add Remove □Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 1 SEPTEMBER 2010 Dated Signature of a member or authorized representative of a member **GREGORY SCHEIN** Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00