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EXAMINER



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SECRETARY OF STAIR
DIVISION OF CORPORATION

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: Van Christed Liability Company Name of Limited Liability Company			
The enclosed Articles of Amendment and fee(s) are submitted for filing.			
Please return all correspondence concerning this matter to the following:			
Heven Baruman Name of Person			
——————————————————————————————————————			
LO3 Main St Address			
City/State and Zip Code			
E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
Name of Person at AOJ 874 Z200 Area Code & Daytime Telephone Number			
Enclosed is a check for the following amount:			
\$25.00 Filing Fee \$ Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, 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

DIVISIONETA	FILEU RRY OF STATE CORPORATION
Og DEC 20	CORPORATALE
09 DEC 29	AM 11: 54

	•	AMI	
(Name of the Limited Liability Compa- (A Florida Limited L	ny as it now appears on our records.) Liability Company)	——————————————————————————————————————	
	N1, 21 0 .		
The Articles of Organization for this Limited Liability Company	were filed on 11300	and assigned	
Florida document number LOlo00089723			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
Van Cheznell Fund.	110		
The new name must be distinguishable and end with the words "Limi"L.L.C."	الطالعة (ted Liability Company," the designation "	LLC" or the abbreviation	
Enter new principal offices address, if applicable:	Lana Main St		
	11 Ownder mo co	7,34786	
(Principal office address MUST BE A STREET ADDRESS)	_ U U IIIV / K PE]	C 34100	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
mutang uturess in the Bert Fost of Free Bong		-	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		the name of the new	
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
	. Florida		
	City	Zip Code	

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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records: MGR = Manager MGRM = Managing Member <u>Title</u> <u>Name</u> **Address** Type of Action ☐ Add Remove ☐ Add Remove ☐ Add Remove Add Remove ∏Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Page 2 of 2

Filing Fee: \$25.00

Typed or printed name of signee

ghature of a member or authorized representative of a member