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Certified Copies	Certificates	of Status	
Special Instructions to	Filing Officer:		
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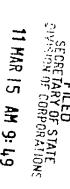
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B. KOHR
MAR 1 6 2011
EXAMINER



COVER LETTER

	egistration S ivision of Co			ر م م
CURIFOR		Loram Canita	al Management LLC	
SUBJECT	:		ited Liability Company	
				JN }
The enclose	ed Articles o	f Amendment and fee(s) are sub	omitted for filing.	9.
Please retu	rn all corresp	ondence concerning this matter	to the following:	11 MAR 15 M 9: 49
			Jose Lora	_
			Name of Person	
	Loram Capital Management LLC			
			Firm/Company	
	101 N. Riverside Dr. Ste. 214			
			Address	
		Por	npano Beach, FL 33062	
			City/State and Zip Code	_
		E-mail address: (joelora@gmail.com to be used for future annual report notification)	_
For further	information	concerning this matter, please c	·	
		Joe Lora	at (786) 316-5216	
	Name	of Person	Area Code & Daytime Telephone Num	ber
Enclosed is	s a check for	the following amount:		
\$25.00	Filing Fee	\$30.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed) Certification	Filing Fee, icate of Status & ied Copy is enclosed)
	Regist Divisi P.O. E	LING ADDRESS: tration Section on of Corporations Box 6327 tassee, 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

LOr (<u>Name of the Limited</u>) (A	am Capital <u>Liability Compar</u> Florida Limited L	Management ny as it now appears on Liability Company)	our records.)	# 9.49
The Articles of Organization for this Limited Liz Florida document number L06000120		were filed on	ember 20, 2000	and assigned
This amendment is submitted to amend the follo	wing:			
A. If amending name, enter the new name of	the limited liab	ility company here:		
The new name must be distinguishable and end with "L.L.C."	the words "Limi	ted Liability Company,"	the designation "L	LC" or the abbreviation
Enter new principal offices address, if applicable:		Loram Capital Management LLC		
(Principal office address MUST BE A STREE)	(ADDRESS)	101 N. Riverside	Dr. Ste. 214	· · · · · · · · · · · · · · · · · · ·
		Pompano Beach	, FL 33062	
Enter new mailing address, if applicable:		Loram Capital M	anagement LL	C
		101 N. Riverside	Dr. Ste. 214	
		Pompano Beach, FL 33062		
B. If amending the registered agent and/o registered agent and/or the new registered off			records, <u>enter t</u>	he name of the new
Name of New Registered Agent:				
New Registered Office Address:	101 N. Rive	rside Dr. Ste. 214	7 7	
		Enter Florida street address		
	Pon	npano Beach	, Florida	33062
		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.

City

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 of Managing Member being added or removed from our records:

MGR = Manager

MGRM = N	MGRM = Managing Member				
<u>Title</u>	<u>Name</u>	Address	Type of Action		
			Add		
			Remove 		
			Add		
			Remove		
			□ Add		
	-		Remove		
			Add		
			Remove		
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D. If amen	ding any other information.	enter change(s) here: (Attach additional sheets, if necessary.)			
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Dated	03 -10	2611 .			
	Signatura	e of a member or authorized representative of a member			
	Signature	// TOT ORA			
		Typed or printed name of signee	_		

Page 2 of 2

Filing Fee: \$25.00