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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: MÉTIS INVEstment SHRATEGIES LLC 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:
Thomas G. Chipain Name of Person
Mê TIS INVOSTMENT STRATEGIAS LIC
1912 78th St. NW
BRADONTON, FLORIDA 34209 City/State and Zip Code
INDEMETS INVESTMENTS.Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Thomas 4. Chipain at 94,792-8100 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, Certificate of Status & 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

FILED 10 MAY 17 AM 11: 43

Mêtis Investry (Name of the Limited Liab) (A Flori	New STRATEGI lity Company as it now appear da Limited Liability Company)		METAKY OF STATE AHASSEE, ELORIDA
The Articles of Organization for this Limited Liability Florida document number \(\bigcup_07000646	y Company were filed on 06	19/207	and assigned
This amendment is submitted to amend the following	;		
A. If amending name, enter the new name of the	imited liability company here	<u>e</u> :	
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability Compa	ny," the designation "Ll	LC" or the abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET AD	DRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or re- registered agent and/or the new registered office a		our records, <u>enter th</u>	e name of the new
Name of New Registered Agent:			
New Registered Office Address:	Ent	ter Florida street addr	ess
	. Florida		
	City	riui nua	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 **Type of Action** <u>Address</u> **Title** <u>Name</u> MGR Thomas 4. Chippin 912 78th St. NW RODORTON, FLORISCE 34209 MGRM BILLIE ChipAin 1912 78th St. NW BRADONTON, FLORIDA ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 2010 Dated MAY 12 Signature of a member of authorized representative of a member Typed of printed name of signee

Page 2 of 2

Filing Fee: \$25.00