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SECRETARY OF STATE SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. BRYAN

SEP - 9 2010

**EXAMINER** 

## **COVER LETTER**

TO: Registration Division of C				
SUBJECT:	Squadra Ass	et Management, LLC		
		ited Liability Company		
The enclosed Articles	of Amendment and fee(s) are su	bmitted for filing.		
Please return all corres	pondence concerning this matte	r to the following:		
		Cody J Smith		
		Name of Person		智等不
Squadra Asset Management, LLC				製やド
Firm/Company				Section of the
	2	611 Technology Drive		SEP -8 MID: SA SEP -8 MID: SA CHEMASSEE, FLORID
		Address		92 5
		0.1 1 51 50004		DA C
Orlando, FL 32804  City/State and Zip Code				
	(	cody@tpcflorida.com		
	E-mail address: (	to be used for future annual report notific	ation)	
For further information	concerning this matter, please of	call:		
	Cody J Smith	at (_407_)2 Area Code & Daytime	284-4321	<u>-</u>
Name	e of Person	Area Code & Daytime	Telephone Number	
Enclosed is a check for	the following amount:			
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &
MAILING ADDRESS: Registration Section Division of Cornorations		STREET/COURIE Registration Section Division of Corpora		

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Squadra Asset Ma	anagement, LLC			
(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our records.) Liability Company)			
The Articles of Organization for this Limited Liability Company Florida document numberL0900026037				
This amendment is submitted to amend the following:  A. If amending name, enter the new name of the limited liab	illity company here:			
	lo. S			
The new name must be distinguishable and end with the words "Limi "L.L.C."	ted Liability Company," the designation "LLC" or the abbreviation			
Enter new principal offices address, if applicable:	2611 Technology Drive			
(Principal office address MUST BE A STREET ADDRESS)	Orlando, FL 32804			
Enter new mailing address, if applicable:	2611 Technology Drive			
(Mailing address MAY BE A POST OFFICE BOX)	Orlando, FL 32804			
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here				
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street address			

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

Zip Code

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 = 1	Managing Member		
<u>Title</u>	Name	Address	Type of Action
MGR	Lauren C Smith	2611 Technology Drive Orlando, FL 32804	✓ Add Remove
MGR_	Ralph W Smith	2611 Technology Drive Orlando, FL 32804	Add Remove
			Domosio
			Add Remove
			Add Remove
			Add Remove
D. If amen	ding any other information, enter	change(s) here: (Attach additional sheets, if necess	FILED  O SEP -8 AM  SECRETARY O S ALLAHASSEE, FL
Dated	September 9	2010	IATE ORIDA
	Signature of a m	nember or authorized representative of a member	
	Signature of a fi	Cody J Smith	
		Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00