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SEGRETARY OF STATE
TALLAHASSEE, FLORDA

FILED

B. BOSTICK OCT - 1 2014

EXAMINER

Registration Section Division of Corporations

Landfall Strategies, 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:

Maria C. Rocha

Name of Person

Landfall Strategies, LLC

Firm/Company

2884 Pinecrest Street

Address

Sarasota, FL 34239

City/State and Zip Code

mrocha@landfallstrategies.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Maria C. Rocha

Name of Person

at (Marea Code) 451-7472

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)

S60.00 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

Landfall Strategies, LLC		
(<u>Name of the Limited Liability Com</u> (A Florida Limite	npany as it now appears on our records.) ed Liability Company)	
The Articles of Organization for this Limited Liability Compa Florida document number <u>L09000054004</u> .	ny were filed on 06/03/2009	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
he new name must be distinguishable and end with the words "Limited L	Liability Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		
		SEP SEP
Enter new mailing address, if applicable:		25 Z
Mailing address MAY BE A POST OFFICE BOX)		ma n
		表示 2-
 If amending the registered agent and/or registered registered agent and/or the new registered office address h 		nter the name of the
egistered agent and/or the new registered office address n	<u>lere</u> :	
Name of New Registered Agent:		
Name of New Registered Agent.		
New Registered Office Address:	Enter Florida street address	
	, Florid	la Zin 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 605, 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 Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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		VENICE, FL 34293	Remove
			🗖 Add
			□ Remove
			□ Add
		>=	20
		37-71 61-72 61-73 71-70 71-71	25
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Filing Fee: \$25.00