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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

B. BOSTICK

OCT - 1 2014

EXAMINER

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** 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 ( 941 ) 451-7472

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

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Landfall Strategies, LLC

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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 = Manager  
AMBR = Authorized Member

| <u>Title</u> | <u>Name</u>     | <u>Address</u>     | <u>Type of Action</u>                   |
|--------------|-----------------|--------------------|---|
| MGR          | Jeffrey D. Kyte | 726 SILK OAK DRIVE | <input checked="" type="checkbox"/> Add |
|              |                 | VENICE, FL 34293   | <input type="checkbox"/> Remove         |
|              |                 |                    | <input type="checkbox"/> Add            |
|              |                 |                    | <input type="checkbox"/> Remove         |
|              |                 |                    | <input type="checkbox"/> Add            |
|              |                 |                    | <input type="checkbox"/> Remove         |
|              |                 |                    | <input type="checkbox"/> Add            |
|              |                 |                    | <input type="checkbox"/> Remove         |
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|              |                 |                    | <input type="checkbox"/> Remove         |

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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated September 22, 2014

Maria C. Rocha

Signature of a member or authorized representative of a member

Maria C. Rocha

Typed or printed name of signee

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TALLAHASSEE, FLORIDA