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SECRETARY OF STATE

COVER LETTER

TO:	Registration Secondivision of Corp					
SUBJI	ECT:	PONDE	ROSA 30, LLC.			
De Bu.		Name of Limi				
The en	iclosed Articles of A	mendment and fee(s) are sub	omitted for filing.			
Please	return all correspon	dence concerning this matter	to the following:			
		CEC	CILIA P. MAC PHERSON			
			Name of Person			
		J(OHN P. MAAS, ESQ.			
			Firm/Company			
			44 N.E 16 STREET			
		Address				
		. HOME	ESTEAD, FLORIDA 3303	<u> </u>		
			City/State and Zip Code			
	# v 1	E-mail address: (nbgroves@msn.com. to be used for future annual report no	tification)		
For fu	rther information co	ncerning this matter, please c	call:			
	CECILIA P	. MAC PHERSON	at (305)	247-7132		
	Name of	Person	Area Code & Dayt	ime Telephone Number		
Enclos	sed is a check for the	following amount:				
\$25	5.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclos	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
	Registrate Division P.O. Box	NG ADDRESS: tion Section of Corporations a 6327 see, FL 32314	STREET/COUI Registration Sec Division of Corp Clifton Building 2661 Executive	porations		

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PONDEROSA 30, LLC.	
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	
(11 Fortula Buttled Entotity Company)	
The Articles of Organization for this Limited Liability Company were filed on December 28, 2009 and assigned	
lorida document number L09000122361	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	
he new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbrevia L.L.C."	 tion
Inter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	_
Inter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)	
s. If amending the registered agent and/or registered office address on our records, <u>enter the name of the registered agent and/or the new registered office address here</u> :	<u>iew</u>
Name of New Registered Agent:	
New Registered Office Address:	
Enter Florida street address	-
City Florida 77 Code 77	-
City Wew Registered Agent's Signature, if changing Registered Agent: ORDER O	
ON TO STATE OF THE PROPERTY OF	
hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with	
ie provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with a	nd
ccept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is eing filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability	•
ompany has been notified in writing of this change.	

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 Title Address Name Remove ☐ Add Remove ☐ Add Remove Add Remove □Add Remove $\prod Add$ Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Article VI is hereby amended as follows: Marc J. Ellenby, Trustee of Marc J. Ellenby Trust DTD November 17, 2009 (MGRM), 25250 S.W. 194th Ave., Homestead, FL 33031 Kiki S. Ellenby, Trustee of Kiki S. Ellenby Trust DTD November 17, 2009(MGRM) 25250 S.W. 194th Ave., Homestead, FL 33031, to reflect the date of the Trusts. January 20 Dated_ Signature of a member or authorized representative of a member MARC J. ELLENBY, TRUSTEE Typed or printed name of signee Page 2 of 2 Filing Fee: \$25.00