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(Re	questor's Name)	<u> </u>
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(Cit	y/State/Zip/Phone	e #)
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T. HAMPTON

JUN - 8 2011



COVER LETTER

TO: Registration Section - Division of Corporations
SUBJECT: Phorsite Venture Capital 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:
Michael Bluen Name of Person
Michael Bluen Name of Person Phorsite Venture Capital Firm/Company
3530 NE 13 AVC
Oakland Park, FL 33334 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Michael Bluen at 954 226 - 2825 Name of Person - Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Solution Filing Fee Solution Filing Fee Solution Fee Fee Fee Fee Fee Fee Fee Fee Fee Fe

MAILING ADDRESS: Registration Section

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

SECRETARY OF STATE TION DIVISION OF CORPORATIONS

ARTICLE	S OF ORGANIZA	ATTOM SIMILON S
	OF	11 JUN -2 PM 12: 19
	1. 1.	
thorsite ven	ture Capita	1 LLC
Morsite Ven- (Name of the Limited Liabil (A Florid	a Limited Liability Compa	opears on our records.) ny)
		(
e Articles of Organization for this Limited Liability		o 26 0 and assigned
orida document number <u>L 1 00000 5 6 6 2</u>	<u>.5 </u>	•
is amendment is submitted to amend the following:		•
Y6 7		_
If amending name, enter the new name of the li	mited liability company	<u>/ here</u> :
e new name must be distinguishable and end with the w.L.C."	ords "Limited Liability Co	ompany," the designation "LLC" or the abbreviation
.E.C.		
ter new principal offices address, if applicable:		
rincipal office address MUST BE A STREET ADI	DRESS)	
		
nter new mailing address, if applicable:		
failing address MAY BE A POST OFFICE BOX)		
uning undress MAT BE A POST OFFICE BOX	· · · · · · · · · · · · · · · · · · ·	
If amending the registered agent and/or regi	istored office address	on any vessele enter the name of the name
zistered agent and/or the new registered office ad		on our records, enter the name of the ne-
Name of New Registered Agent:		
Name of New Registered Agent.		
New Registered Office Address:		
New Registered Office Address:		Enter Florida street address
New Registered Office Address:		Enter Florida street address , Florida

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 **Title Type of Action** Name **Address** ☐ Add Remove ☐ Add ☐ Remove Add Remove ∏Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00