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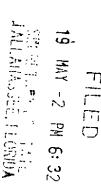
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U5/U2/19--U1015--U24 **25.00

MAY 13 2019 S. YOUNG



COVER LETTER

TO:	Registration Sec Division of Corp			
CHDH				
SUBJI	ECT:	Name of Lim	ited Liability Company	
The en	closed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspor	ndence concerning this matter	to the following:	
		Randi Walz		
			Name of Person	
		Name of Limited Liability Company If Articles of Amendment and fee(s) are submitted for filing. If all correspondence concerning this matter to the following: Randi Walz		
			Firm/Company	· · · · · · · · · · · · · · · · · · ·
		775 Prairie Center Drive, S	Suite #400	
			Address	-
		Eden Prairie, MN 55344		
			City/State and Zip Code	
		_		·
		E-mail address: (to be used for future annual report notifi	cation)
For fur	ther information co	oncerning this matter, please co	all:	
Randi			952 995-9500 at ()	
	Name of	Person	Area Code Daytime	Telephone Number
Enclos	sed is a check for th	e following amount:		
■ \$2	5.00 Filing Fee	_		-

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

any as it now appears on our records Liability Company)	<u>r.</u>)	
y were filed on July 27, 2010	and assigned	
bility company here:		
ility Company," the designation "LLC"	or the abbreviation "L.L.C."	
	<u> </u>	
	73 F	
	<u> </u>	
	<u> </u>	
	32 9 _A	
	enter the name of the r	
<u>re</u> .		
Futur Marida street address		
Enter r torica street address		
Flo	rida Zip Code	
	bility company here: oility Company," the designation "LI.C" office address on our records, re: Enter Florida street address , Flo	

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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Alan Stanford	401 East Las Olas Boulevard, Suite 1700	
		Fort Lauderdale, FL 33301	
			■ Remove
			Change
MGR	Søren M. Overgaard	Stratusvej 12, DK-7190	
		Billund, Denmark	
			□ Remove
			☐ Change
			Add
			☐ Remove
			
			
			☐ Remove
			☐ Change
			Remove
		· · · · · · · · · · · · · · · · · · ·	Change
		<u> </u>	
			Remove
			☐ Change

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Note:	If the date inserted in the	the date of filing:e must be specific and cannot be sis block does not meet the a he Department of State's re-	applicable statutory filir	(optional) nore than 90 days after filing.) g requirements, this date v	Pursuant to 605.0207 (3)(b) will not be listed as the
	cord specifies a dele e 90th day after the	ayed effective date, bu record is filed.	ut not an effective	ime, at 12:01 a.m. c	n the earlier of:
Dated	4-2	9	9.		
			1	uthonzal of a member	manche to the A

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00