L10000132526

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11 AUG 12 PM 3: 24

SECRETARY OF STATE DIVISION OF CORPORATIONS

T. HAMPTON
Ang 157, 2011



COVER LETTER

TO: Registration S Division of Co				
SUBJECT:	LAM DIVERSIFIE	ED GROWTH FUND LL	С	
	Name of Lim	ited Liability Company		
The enclosed Articles o	f Amendment and fee(s) are su	bmitted for filing.		
Please return all corresp	ondence concerning this matte	r to the following:		
		MILLIE PEREZ LEAL		
		Name of Person		
Firm/Company				
	55 MI	ERRICK WAY, SUITE 208		
		Address		
	CO	CORAL GABLES FL 33134		
		City/State and Zip Code		
•	millie.perezleal@loyola-asset.com E-mail address: (to be used for future annual report notification)			
For further information	concerning this matter, please of	call:		
Mil	lie Perez Leal	at (305)	377-1941	
Name of Person		Area Code & 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	\$60.00 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 SECRETARY OF STATE ARTICLES OF ORGANIZATION VISION OF CORPORATIONS OF 11 AUG 12 PM 3: 25

LAM DIVERSIFIED GROWTH FUND LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liab	oility Company were filed on Dece	ember 30, 2010 and assigned	
Florida document numberL100001325	20		
This amendment is submitted to amend the follow	ving:		
A. If amending name, enter the new name of the	he limited liability company here:		
The new name must be distinguishable and end with to "L.L.C."	the words "Limited Liability Company,"	the designation "LLC" or the abbreviation	
Enter new principal offices address, if applicab	ole:		
(Principal office address MUST BE A STREET.	ADDRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BO	<u></u>		
B. If amending the registered agent and/or registered agent and/or the new registered office		records, enter the name of the new	
Name of New Registered Agent:			
New Registered Office Address:		1441,	
	Enter Florida street address		
	, Florida		
	City	Zip 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 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 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** <u>Name</u> Address Type of Action JOSE PAN DE SORALUCE **MGRM** 55 MERRICK WAY SUITE 208 ☐ Add CORAL GABLES FL 33134 Remove Add Remove ☐ Add Remove Remove ∏Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) August 9 Dated Signature of a member or authorized representative of a member ALVARO CASTILLO

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00