

L11000024120

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

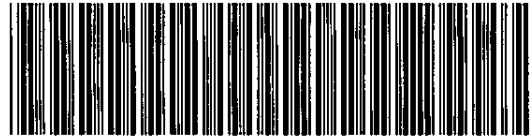
(Business Entity Name)

(Document Number)

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TALLAHASSEE FLORIDA

NOV 20 2013

D. BRUCE

Nov. 19. 2013 4:31PM

No. 0624 P. 1

November 19, 2013

Registration Section
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Attn: Deborah Bruce

Fax: 850-245-6030

Dear Ms. Bruce,

Attached are the correct LLC Amendments needed for my changes.

Please contact me should you have any questions at 786-449-9035.

Thank you,
Alejandra Roque

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TALLAHASSEE FLORIDA

November 14, 2013

Amendment Section
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

To Whom It May Concern:

I have attached a total of 12 articles of amendment for all of our LLC's. Payment of \$420.00 is attached as well to cover filing fees for these articles of amendment.

If you have any questions or concerns please feel free to contact me at 786-449-9035.

The return address requested is 7760 NW 56 Street, Doral, FL 33166.

Thank you,
Alejandra Roque
Assistant to Mr. and Mrs. Villasante

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TALLAHASSEE FLORIDA

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

FUND FV AV ALPHA I 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 Liability Company were filed on 02/25/11 and assigned Florida document number L11 000024120.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

7760 NW 56 ST

DORA, FL 33166

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

7760 NW 56 ST

DORA, FL 33166

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TALLAHASSEE FLORIDA

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

FRANCISCO VILLASANTE

New Registered Office Address:

7760 NW 56 ST

Enter Florida street address

DORA

City

Florida

33166

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 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

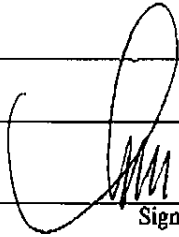
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	NICOLAI PASCAL	407 LINCOLN ROAD	<input type="checkbox"/> Add
		SUITE 2K	<input checked="" type="checkbox"/> Remove
		MIAMI BEACH, FL 33139	
MGRM	FRANCISCO J. VILLASANTE REVOCABLE TRUST	7760 NW 56 ST	<input checked="" type="checkbox"/> Add
		DORAL, FL 33166	<input type="checkbox"/> Remove
MGRM	ALINA C. VILLASANTE REVOCABLE TRUST	7760 NW 56 ST	<input checked="" type="checkbox"/> Add
		DORAL, FL 33166	<input type="checkbox"/> Remove
MGRM	FUNDS IV AV BFA LLC	407 LINCOLN ROAD	<input checked="" type="checkbox"/> Add
		SUITE 2K	<input checked="" type="checkbox"/> Remove
		MIAMI BEACH, FL 33139	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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DADE COUNTY FLORIDA

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

Dated 11/19, 2013



Signature of a member or authorized representative of a member

ANNA VILLASANTE

Typed or printed name of signer

Page 3 of 3

Filing Fee: \$25.00

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TALLAHASSEE FLORIDA