

L11000030565

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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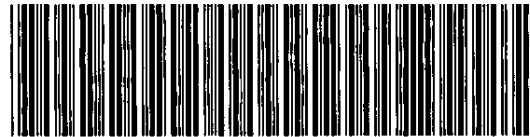
(Business Entity Name)

(Document Number)

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TALLAHASSEE FLORIDA

NOV 20 2013

D. BRUCE

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FUND FV AV ALPHA III 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 03/11/11 and assigned  
Florida document number L11000030565.

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  
DORAL, FL 33166

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

7760 NW 56 ST  
DORAL, FL 33166

**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 VILLACANJE

New Registered Office Address:

7760 NW 56 ST

Enter Florida street address

DORAL, Florida 33166  
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 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>
<u>MGR</u>	<u>NICHOLAS PASCAL</u>	<u>407 LINCOLN RD</u>	<input type="checkbox"/> Add
		<u>SUITE 2K</u>	<input checked="" type="checkbox"/> Remove
		<u>MIAMI BEACH, FL 33139</u>	
<u>MGRM</u>	<u>FRANCISCO J. VILLASANTE</u>	<u>7760 NW 56 ST</u>	<input checked="" type="checkbox"/> Add
	<u>REVOCABLE TRUST</u>	<u>DORAL, FL 33166</u>	<input type="checkbox"/> Remove
<u>MGRM</u>	<u>ALINA C. VILLASANTE</u>	<u>7760 NW 56 ST</u>	<input checked="" type="checkbox"/> Add
	<u>REVOCABLE TRUST</u>	<u>DORAL, FL 33166</u>	<input type="checkbox"/> Remove
<u>MGRM</u>	<u>FUND FV AN ALPHAVILLE</u>	<u>407 LINCOLN ROAD</u>	<input type="checkbox"/> Add
		<u>SUITE 2K</u>	<input checked="" type="checkbox"/> Remove
		<u>MIAMI BEACH, FL 33139</u>	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

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Dated 11/19, 2013.



Signature of a member or authorized representative of a member

ANNA VILLACORTE

Typed or printed name of signee

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