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CONTACT:	KATIE WO	NSCH .	# 8: 02			
DATE:	03/21/2011					
REF. #:	001384.144934					
CORP. NAME:	CODAK FU	ND, LLC				
() ARTICLES OF INCO () ANNUAL REPORT () FOREIGN QUALIFIC () REINSTATEMENT () CERTIFICATE OF C. () OTHER:	CATION	() TRADEMARK/SERVICE MARK () LIMITED PARTNERSHIP () MERGER	() ARTICLES OF DISSOLUTION () FICTITIOUS NAME () LIMITED LIABILITY () WITHDRAWAL			
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Examiner's Initials

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CODAK FUND, LLC



(<u>Name of the Limited Linbility</u> (A Florida)	v Company as it now appears on our records.) Limited Liability Company)
The Articles of Organization for this Limited Liability C Florida document numberL11000032157	· ·
This amendment is submitted to amend the following:	
A. If amending name, <u>enter the new name of the lim</u>	nited liability company here:
The new name must be distinguishable and end with the wo "L.L.C."	ords "Limited Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADD)	RESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
[Maning maires MAT BE A TOST OFFICE BOX]	
B. If amending the registered agent and/or registered agent and/or the new registered office add	stered office address on our records, <u>enter the name of the new</u> dress here:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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>		Address	Type of Action
MGRM	MUNISIKI	TRUST	PO BOX 1179 HALLANDALE, EL 3300	₹ Add Remove
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D. If amen	ding any other in	iformation, enter ch	ange(s) here: (Attach additional she	ets, if necessary.)
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Dated	March	Man M	20	ember
		GARY SINGER	, AUTHORIZED REPRESENT yped or printed name of signee	

Page 2 of 2

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