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(Cit	ty/State/Zip/Phone	e #)
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COVER LETTER

TO: Registration Sect Division of Corpo					
SUBJECT:	AD RE IN Name of Limit	Vertuells UC			
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.			
Please return all correspond	dence concerning this matter	to the following:			
	Daniel S	Statude Name of Person			
		Investments Firm/Company			
		Camino then Sur		2814 HAY	8.
	Born Kota	City/State and 7 in Code		- 6 - 6	\$140000 1 \$140000 1 421
	dstatlando d E-mail address: (City/State and Zip Code Christelandby and Control to be used for future annual report notific	cation)	PH I2: 3	12 = 4
For further information co	ncerning this matter, please ca			2 N	
Durvel Star Name of	Person	at (501) 547 Area Code Daytime	7338 Telephone Number	r	
Enclosed is a check for the	e following amount:				
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	ite of Status &	

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

MADRE Investments	ll L
(Name of the Limited Liability Company as it now (A Florida Limited Liability Com	<u>appears on our records.</u>) _(pany)
The Articles of Organization for this Limited Liability Company were filed Florida document number	on 04/12/2011 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability compa	any here:
The new name must be distinguishable and end with the words "Limited Liability Compan	y," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
	A A
	Sign on
Enter new mailing address, if applicable:	77 v @ 7
(Mailing address MAY BE A POST OFFICE BOX)	SS 2 (mar)
	<u> </u>
	N N
B. If amending the registered agent and/or registered office address here:	ess on our records, enter the name of the ne
Name of New Registered Agent:	
New Registered Office Address:	
	ter 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 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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

_ ____

MGR = Man AMBR = Auth	ager 10rized Member		
<u>Title</u>	Name	Address	Type of Action
M6R	Matthew Kessler	300 W Commo Real Sufe 201 Bour Rafar FC 33433	_□ Add
		201 Boundaton FC 33433	_ ≇ Remove
MGR	Ayad Frist	7300 W Camino Real Suite 201 Born Rater Fr 33433	_ A dd
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Page 3 of 3

Filing Fee: \$25.00

