

L12000039423

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPROVED  
AND  
FILED

D. BRUCE

NOV 30 2012

EXAMINER

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: DENUO FUND, LLC**

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

**RICHARD E. BUFFINGTON**

Name of Person

**DENUO FUND, LLC**

Firm/Company

**6601 S. WEST SHORE BLVD #1305**

Address

**TAMPA, FL 33616**

City/State and Zip Code

**RBUFFINGTON@GSCCVENTURE.COM**

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**RICHARD BUFFINGTON**

Name of Person

**407 520-6031**

at ( )

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

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

DENUO 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 Liability Company were filed on 03/21/2012 and assigned  
Florida document number L12000039423.

This amendment is submitted to amend the following:

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

VERTIFARM, LLC

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)

6601 S. WEST SHORE BLVD

SUITE 1305

TAMPA, FL 33616

**Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

6601 S. WEST SHORE BLVD

SUITE 1305

TAMPA, FL 33616

**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:

RICHARD E. BUFFINGTON

New Registered Office Address:

6601 S. WEST SHORE BLVD, SUITE 1305

*Enter Florida street address*

TAMPA

*City*

, Florida 33616

*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.*

*[Signature]*  
If Changing Registered Agent, Signature of New Registered Agent

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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>
MGR	RICHARD E. BUFFINGTON	6601 S. WEST SHORE BLVD	<input checked="" type="checkbox"/> Add
		SUITE 1305	<input type="checkbox"/> Remove
		TAMPA, FL 33616	
MGR	KELLY J. BECKHAM	6601 S. WEST SHORE BLVD	<input checked="" type="checkbox"/> Add
		SUITE 1305	<input type="checkbox"/> Remove
		TAMPA, FL 33616	
MGR	MITCH BORCHERDING	30 BROAD STREET	<input type="checkbox"/> Add
		26TH FLOOR	<input checked="" type="checkbox"/> Remove
		NEW YORK, NY 10004	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<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 NOVEMBER 28TH, 2012



Signature of a member or authorized representative of a member

**RICHARD E. BUFFINGTON**

Typed or printed name of signee

**Page 3 of 3**

**Filing Fee: \$25.00**

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