

L120000052462

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

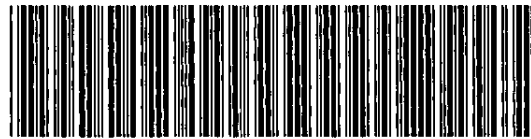
(Business Entity Name)

(Document Number)

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APPROVED
AND
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12 SEP 24 PM 1:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

SEP 25 2012

EXAMINER

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: THE MEGA FUND DIRECT, 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:

JAMES PULEO

Name of Person

THE MEGA FUND DIRECT, LLC

Firm/Company

160 PEARL STREET 4TH FLOOR

Address

NEW YORK, NY 10005

City/State and Zip Code

JPULEO@YELLOWSTONECAPLLC.COM

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

For further information concerning this matter, please call:

TIMOTHY J. EATON

Name of Person

at (546)

503-3863

Area Code & Daytime Telephone Number

12 SEP 24 PM 1:45
SECRETARY OF STATE
TALLAHASSEE, FL 32301

APPROVED
AND
FILED

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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

THE MEGA FUND DIRECT, 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 APRIL 17, 2012 and assigned
Florida document number L12000052462.

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

New Registered Office Address:

Enter 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 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

Amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager
Managing Member being added or removed from our records:

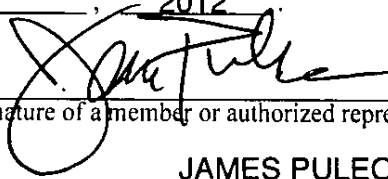
MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	BRETT MARMOTT	160 PEARL STREET 4TH FLOOR NEW YORK, NY 10005	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	JAMES PULEO	160 PEARL STREET 4 TH FLOOR NEW YORK, NY 10005	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	TIMOTHY EATON	160 PEARL STREET 4TH FLOOR NEW YORK, NY 10005	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated JULY 30

2012


Signature of a member or authorized representative of a member

JAMES PULEO

Typed or printed name of signee

SEP 24 PM 1:45
CLERK OF COURT
CLERK OF COURT
CLERK OF COURT

APPROVED
AND
FILED