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SECRETARY OF STATE

AUG 2 1 2015

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COVER LETTER

TO:	Registration Sec Division of Corp			
SUBJE	ct: Unite	d States Grav	uth Fund, LL	<u></u>
		Name of Limi	ited Liability Company	
The end	closed Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please	return all correspon	dence concerning this matter	to the following:	
	•	John D. WK	nelchel Jr	
	•		Name of Person	
	·			
			Firm/Company	
		980 N. Federa	1 Highway St	e 442
	,	Boca Ration,	FL 334321	
			City/State and Zip Code	
		E-mail address: (t	Neichelpartners o be used for future annual report	notification)
For furt	her information cor	ncerning this matter, please ca		
Joh	n Whelch	ne)	at (<u>501</u>) <u>939 -</u> Area Code Day	. 10435
	Name of I	Person	Area Code Day	time Telephone Number
Enclose	ed is a check for the	following amount:		
□ \$25	5.00 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

United States Growth Formation (Name of the Limited Liability Companies) (A Florida Limited I.	und, LLC		
(Name of the Limited Liability Compai (A Florida Limited L	ny as it now appears on our re liability Company)	coras.)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L12000044945</u> .	were filed on <u>5/17/2</u> 0	012	and assigned
This amendment is submitted to amend the following:			
A. If amending name, <u>enter the new name of the limited liabi</u> FIONIDA EAST COAST EB BREGI		LLC	;
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation "	LLC" or the abbre	viation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	980 N. Federal t Boca Raton, F		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	980 N. Federal Boca Raton, F	Highwai L 33432	1 Ste 442
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		ords, enter th	e name of the nev
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street ac	idress	
		, Florida	
	City	-	Zip Code
New Registered Agent's Signature, if changing Registered Agent:	•		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as pubeing filed to merely reflect a change in the registered office company has been notified in writing of this change. If Change	performance of my dutie. provided for in Chapter 6	s, and I am fam 05, F.S. Or, if that the limit LLAHASSETARY ture of New Regis	niliar with and whis document is ed liability
		FL S.	©

Page 1 of 3

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

<u>Title</u>	Name		Address	Type of Action
				Add
•				□ Remove
		·		Change
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effective date is listed, the date must	the specific and cannot be prior to be does not meet the application	o date of filing or mable statutory filin	ore than 90 days after t g requirements, this	iling.) Pursuant to 605,02 date will not be listed
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