L12000158042

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| Special Instructions to F | Filing Officer: | · |
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Office Use Only



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SECRETARY OF STATE

COVER LETTER

TO:

Registration Section **Division of Corporations**

Domestic Algorithm Development 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:

James A. Fleischman

Name of Person

Domestic Algorithm Development Fund LLC

Firm/Company

2507 Eagle Watch Lane

Address

Weston, Florida 33327

City/State and Zip Code

jimgolf777@gmail.com

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

For further information concerning this matter, please call:

James A. Fleischman

at (954) 873-6692

Area Code & Daytime Telephone Number

Name of Person

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

FILED
2013 APR 17 PM 2: 03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 Liab Florida document number <u>L12000158042</u> | pility Company were filed on Decemb | per 19, 2012 and assigned |
|---|---|---|
| This amendment is submitted to amend the follow | ving: | |
| A. If amending name, enter the new name of t | he limited liability company here: | |
| The new name must be distinguishable and end with "L.L.C." | the words "Limited Liability Company," th | e designation "LLC" or the abbreviation |
| Enter new principal offices address, if applical | ble: | |
| (Principal office address MUST BE A STREET | ADDRESS) | |
| Enter new mailing address, if applicable: | OV) | |
| (Mailing address MAY BE A POST OFFICE B | <u></u> | |
| B. If amending the registered agent and/or registered agent and/or the new registered offi | | ecords, enter the name of the new |
| Name of New Registered Agent: | | |
| New Registered Office Address: | Enter Flo | orida 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

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> | Name | Address | Type of Action |
|--------------|-----------------|------------------------|----------------|
| MGRM | Leonard Suskind | 3541 North 55th Street | Add |
| | | Hollywood, FL 33021 | Remove |
| MGRM | Laurie Suskind | 3541 North 55th Street | |
| | | Hollywood, FL 33021 | Remove |
| | | | Add |
| | | | Remove |
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| If am | nending any other information, enter change(s) here: (Attach additional sheets, if necessary.) |
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| ed | april 2, 2013. |
| | Deise Dans |
| | Signature of a member or authorized representative of a member |
| | James A. Fleischman |
| | Typed or printed name of signee |

Page 3 of 3

Filing Fee: \$25.00

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