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PICK-UP	☐ WAIT	MAIL
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Registration Section

Tallahassee, FL 32314

TO:

Division of Cor	porations		
	Towardmanh Trus	T 110	
SUBJECT: <u>いろ</u>	Investment Trus Name of Limi	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	endence concerning this matter	to the following:	
	Cour	steet throldsson	
		Name of Person	
	<u>h</u> 3	Investment Trust LL	<u>c</u>
		rinacompany	
	1205 Lin	rools Rd. Ste. 216	
		Address	
	Llia	mi Beach, FL 33139 City/State and Zip Code]
		•	
	E-mail address: (E stonemason fund. 40 to be used for future annual report noti	fication)
For further information c	oncerning this matter, please ca	all:	
<u>Nustaf</u>	Arnoldsson f Person	at (<u>305</u>) <u>975-1</u> Area Code Daytim	oO212 e Telephone Number
Enclosed is a check for the	ne 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)
<u>Mailing Addres</u> Registration S		<u>Street Address:</u> Registration Se	ction
Division of C		Division of Cor	
P.O. Box 632		The Centre of T	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

43 Investment	Trust, LLC
(<u>Name of the Limited Liability Co</u> (A Florida Limi	ompany as it now appears on our records.) ited Liability Company)
The Articles of Organization for this Limited Liability Comp	pany were filed on by /36/2013 and assigned
Florida document number L130000 15762	
his amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited	liability company here:
he new name must be distinguishable and contain the words "Limited I	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	S)
	22
inter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	
Maining dudiess MAT BE AT OST OFFICE BOAT	7.
	-
3. If amending the registered agent and/or registered off	fice address on our records, enter the name of the new registe
gent and/or the new registered office address here:	,
Name of New Registered Agent:	
New Registered Office Address:	
130. Neginerea Omeg Haarin.	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 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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
HUR	Gustaf Arnadsson	1205 Lincoln Rd.	S /Add
		Ste. 216	□Remove
		Miami Beach, FL 33139	Change
			□ Remove
			□Change
			□Add
		· · · · · · · · · · · · · · · · · · ·	□Remove
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Offective date, if other fan effective date is listed Note: If the date insert document's effective date	the date must be specied in this block do	ecific and cannot be ses not meet the	e prior to date of fi applicable statut	iling or more than 9	00 days after filing.)	Pursuant to 605.0207 will not be listed as
record specifies a dela	ived effective date	but not an effec	ctive time, at 12:	01 a.m.:on the ex	urlier of: (b) The	90th day after the
d is filed.					(/	,
			7. l			
Dated <u>becember</u>	3 <u>cel</u> \	1200	<u> </u>			
Dated <u>becember</u>	<u>30</u>	12.00				
Dated <u>becember</u>				esentative of a men	ıber	

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