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COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT: 17-0	NATCO Ver	Hures L.L.C	
	Name of Limit	ed Liability Company	
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	Manay B	en-Hamo Name of Person	
	WoodAce	Firm/Company	L.L.C
		n Bay Drive Address	
	DaytonA Ba	City/State and Zip Code	
	E-mail address: (t	a) gmcu) · (cm, o be used for future annual report notification	ion)
For further information co	ncerning this matter, please ca	all:	
10 1 2 0 2	ula .		. ∵ ≥
Name of	Person	at (3k) 310-137 Area Code & Daytime Te	elephone Number AHA 35 5 11 12 12 12 12 12 12 12 12 12 12 12 12
			elephone 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)	Certificate of Status & Certified Copy (additional copy is enclosed)
Registra Division P.O. Bo	NG ADDRESS: tion Section of Corporations x 6327 see, FL 32314	STREET/COURIER Registration Section Division of Corporation Clifton Building 2661 Executive Cente	ons

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NATCO VENTUR	ES L.L.C.	
(<u>Name of the Limited Liability C</u> (A Florida Lin	Company as it now appears on our reconited Liability Company)	ords.)
The Articles of Organization for this Limited Liability Con Florida document number <u>L.J.30005645</u>	mpany were filed on 4 17 2	and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limite</u>	ed liability company here:	
WoodActes Port Olange, L. The new name must be distinguishable and end with the words	L.L.C.	
The new name must be distinguishable and end with the words "L.L.C."	s "Limited Liability Company," the design	gnation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	F	
(Principal office address MUST BE A STREET ADDRE	<u> </u>	ALL AP
		TO DESCRIPTION OF THE PERSON O
Enter new mailing address, if applicable:		mo p
(Mailing address MAY BE A POST OFFICE BOX)		
		2: 56
B. If amending the registered agent and/or register registered agent and/or the new registered office addresses.		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida s	street address
		orida
	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 amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member, being added or removed from our records</u>:

MGR = M: MGRM = 1	anager Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			Remove
			Add
			Remove
		···	Add
			Remove
			(Add
			Remove Remove
			FLORENCE Add
		-	Remove
			Add
			Remove

	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
ı	4/22/2013
	Dany Bon-Flows Signature of a member or authorized representative of a member
	Mancy Ben-Hamo Typed or printed name of signee

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Filing Fee: \$25.00

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