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COLEMAN & HOROWITT, LLP

ATTORNEYS AT LAW

MATTHEW R. NUTTING

499 WEST SHAW, SUITE 116 FRESNO, CALIFORNIA 93704

TELEPHONE: (559) 248-4820 FACSIMILE: (559) 248-4830 WEB: WWW.CH-LAW.COM WRITER'S E-MAIL MNUTTING@CH-LAW.COM

January 16, 2014

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Amendment To Articles of Organization

Puna Asset Management, LLC

Dear To Whom it May Concern:

Enclosed herewith please find the <u>original</u> and <u>one copy</u> of the Articles of Amendment to Articles of Organization of Puna Asset Management, LLC. Also enclosed is a check in the amount of \$55.00 for the filing fee and certified copy fee.

The system in Florida is somewhat different from California where the clients are based, but we believe the enclosed form is properly filled in. Really all we are trying to do is take one of the managing-members off as a manger. If that is unclear or if you need any assistance or information, please contact the undersigned anytime. You can ask for Cherice Kuest if he is not in the office.

This is time sensitiva since there is a transaction pending this change, so please expedite the filing and return of the copy as much as possible; which is greatly appreciated.

Very truty yours,

COLEMAN & HOROWITT, LLP

MATTHEW R. NUTTING

MRN\ck Enclosure

#### **COVER LETTER**

TO:

Registration Section
Division of Corporations

## PUNA ASSET MANAGEMENT, LLC

SUBJECT:

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:

### MATTHEW R. NUTTING

Name of Person

## COLEMAN & HOROWITT, LLP

Firm/Company

499 W. SHAW AVE., SUITE 116

Address

**FRESNO**, CA 93704

City/State and Zip Code

#### MNUTTING@CH-LAW.COM

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

For further information concerning this matter, please call:

## CHERICE KUEST

Name of Person

Area Code

Daytime Telephone 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) □ \$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

## PUNA ASSET MANAGEMENT, 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 JUNE 3, 2013 and assigned Florida document number L13000079915 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

#### 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.

City

If Changing Registered Agent, Signature of New Registered Agent

, Florida

IGR = Ma MBR = Au	anager uthorized Member		
<u>itle</u>	<u>Name</u>	Address	Type of Action
/IGR	GONZALO MOLINA SEGURA	1740 E. SHEPHERD AVE. #205	□ Add
		FRESNO, CA 93720 US	■ Remove
			_
			□ Remove
			<u> </u>
			□ Add
			Remove
		्राच्या १००१ १८०१ १३०१	□ Remove
		·	Add
			□ Remove
			_
			□ Add
			_□ Remove

ARTICLE V	
TITLE: MGR	
MARTIN A. MENDEZ	
1740 E. SHEPHERD AVE. #205	
FRESNO, CA 93720 US	
E. Effective date, if other than the date of filing:	
Signature of a member or authorized representative of a member  MARTIN A. MENDEZ  Typed or printed name of signes	
Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00