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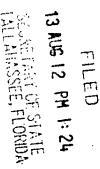
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K. SALY EXAMINER AUG 1 4 2013

COVER LETTER

TO:

Registration Section
Division of Corporations

MAILING ADDRESS:

Registration Section Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

SUBJECT: LAR	OCHE PROPE	Ty INVESTMEN	VT Solutions, LLC
	Numo of Dimin	Sa Emonity Company	
The enclosed Articles of A	mendment and fee(s) are subr	nitted for filing.	
Diago return all correspond	dence concerning this matter t	o the following	
r rease return an correspond	dence concening this matter t	o the following.	
	Ludovic	EPLAROCHE Name of Person	
	1		1
	LAROCHE I	WVESTMENTSC Firm/Company	OLU ITONS
	13/80 N.	cleveland Ave	e suite 126
	N. FT M	Otty/State and Zin Code	903
	Ludaviale		
	E-mail address: (to	A ROCHE Q COM CA. be used for future annual report notificati	s / o //e /
For further information cor	ncerning this matter, please ca		
	-		
Ludovic L	I AROCHE	at (239) 677-6 Area Code & Daytime Te	3 <i>24</i>
Name of I	Person	Area Code & Daytime Te	lephone 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)

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION

13 AUG 12 PM 1: 24

Role Ty INVESTMENT SOLO.

imited 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 07/08/13 Florida document number **213000096329** This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: LAROCHE TNVESTIMENT SOLUTIONS LLC.
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)	13180 N. CLEVELAND AVE SUITE 126 N. FT MYERS FL 33903
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:

LUDOVIC EP LAROCHE Name of New Registered Agent: 13180 N. Clevel AND AVE SUITE 126

Enter Florida street address

N. FT Myers Florida 33903

City Zip Code New Registered Office 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 IR Chapter 608, F&P Or, if this document is being filed to merely reflect a change in the registered office address. Thereby confirm that the limited liability company has been notified in writing of this change.

-H-Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

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 = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	LUDOVIC LAROCHE	13180 N cleveland	Zve Add
		Suite 126	Remove
		N FT Myers FL 3	390 3
			Add
			Remove
			_
			Add
			_ Remove
			-
			_ Add
			_ Remove
			_
	***		Add
			Remove
			_
		The state of the s	_ Add
			Remove

D. If an	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
,	<u> </u>
•	
Dated	08/08/13 /
	Julian Jacobe
	Signature of a member or authorized representative of a member
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00