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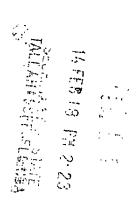
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COVER LETTER

TO:	Registration Section Division of Corporation			
SUBJE	. LIBRA	VENTURES,	LLC	
SUBJE	CI:		d Liability Company	
The enc	losed Articles of Arr	endment and fee(s) are submi	tted for filing.	
Please r	eturn all corresponde	ence concerning this matter to	the following:	
		FREDERICO	BOMENY	
			Name of Person	
			Firm/Company	
		6433 POND A	APPLE ROAD	
			Address	
		BOCA RATO	N, FLORIDA 3343	3
			City/State and Zip Code	
	-	BOMENYF@GMAI E-mail address: (to	be used for future annual report notification	on)
For furt	her information conc	erning this matter, please call	:	
FR	EDERICO	BOMENY	_{at} (786 ₎ 301-352	3
	Name of Po	erson	Area Code Daytime Tele	ephone Number
Enclose	ed is a check for the f	ollowing amount:		
5 \$25	i.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

LIBRA VENTURES, LLC		
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L14000001348		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	pility company here:	
The new name must be distinguishable and end with the words "Limited Liab	bility Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:	6433 POND APPLE ROAD	
(Principal office address MUST BE A STREET ADDRESS)	BOCA RATON, FL 33433	(, '
		Py I
	0.400 DOND 40DI 5 DOAD	TE TEN
Enter new mailing address, if applicable:	6433 POND APPLE ROAD	
(Mailing address MAY BE A POST OFFICE BOX)	BOCA RATON, FL 33433	<u> </u>
		(2)
B. If amending the registered agent and/or registered of		the name of the nev
registered agent and/or the new registered office address her	<u>e</u> :	
Name of New Registered Agent:		
New Registered Office Address:		
	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 Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	FREDERICO BOMENY	2602 MOHAWK CIR	
		WEST PALM BEACH, FL 33	409 Remove
MGR	FREDERICO BOMENY	6433 POND APPLE ROA	AD S Add
		BOCA RATON, FL 334	
			Add
			Remove
			Add ²
			Remove:
			Add
			Remove
			□ Add
			Remove

. If amending any other information, er	amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)				
Effective date, if other than the date of (The effective date must be specific, cannot be price the date this document is filed by the Florida Dep	filing: or to date of receipt or filed date and can partment of State)	(optional) not be more than 90 days after			
Dated FEBRUARY 12	2014				
Signatus	re of a member or authorized representation FREDERICO BOM				
	Typed or printed name of singe				

Page 3 of 3

Filing Fee: \$25.00