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Florida Department of State
Division of Corporations
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To: Division of Corporations
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Account Number : I20120000007
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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
LAND TRUST UNITED LLC**

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MAR 05 2015

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Land Trust United LLC
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:

JoAnne Stefanov
Name of Person
Incorp Services, Inc.
Firm/Company
2360 Corporate Circle Suite 400
Address
Henderson, NV 89074
City/State and Zip Code
managedreports@incorp.com
E-mail address: (to be used for future annual report notification)

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For further information concerning this matter, please call:

JoAnne Stefanov at (702) 866-2500
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

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ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Land Trust United 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 03/03/2015 and assigned Florida document number L15000039057

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:

204 Huntington Point

(Principal office address MUST BE A STREET ADDRESS)

Delray Beach, FL 33484

Enter new mailing address, if applicable:

204 Huntington Point

(Mailing address MAY BE A POST OFFICE BOX)

Delray Beach, FL 33484

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

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

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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 = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Dennis Wenger	6965 El Camino Real Carlsbad, CA 92009	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
AMBR	Emma Wenger	6965 El Camino Real Carlsbad, CA 92009	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
AMBR	Dennis Wenger	204 Huntington Point Delray Beach, FL 33484	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
AMBR	Emma Wenger	204 Huntington Point Delray Beach, FL 33484	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Four horizontal lines for amending information.

E. Effective date, if other than the date of filing: _____ (optional)
(If an effective date is listed, the date must be specific and cannot be more than 90 days after filing.) (605.0207 (3)(b))

Dated March 4th, 2015

Emma Wenger

Signature of a member or authorized representative of a member

Emma Wenger

Typed or printed name of signee

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Filing Fee: \$25.00

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