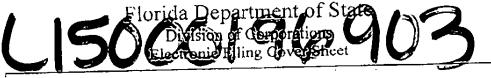
(FAX)845 818 3588

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Page 1 of 2



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Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

: (850)617-6383 Fax Number

From:

Account Name : VCORP SERVICES, LLC

Account Number : 120080000067 : (845)425-0077 Phone

: (845)818-3588 Fax Number

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:	
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ARION FUND, LLC

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Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Arion Fund LLC	• .*	
(Name of the Limited Liab (A Flori	ility Company as it now appears on our records.) da Limited Liability Company)	
The Articles of Organization for this Limited Liability Florida document number L15000196903	Company were filed on 11/20/2015	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	mited liability company here:	
The new name must be distinguishable and contain the words "L	imited 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 ADI	ORESS)	> / (1, 1)
Enter new mailing address, if applicable:		1 hamilia.
(Mailing address MAY BE A POST OFFICE BOX)		
		<u> </u>
		* ••
B. If amending the registered agent and/or registered agent and/or the new registered office at	gistered office address on our records, ente	to the name, or the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	-	
	, Florida	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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Newman Holdings LLC	52 Highland Ave	Add
		Highland Park, NJ 08904	■ Remove
			Change
			☐ Remove
			_☐ Change
			LI Add
			Remove
			Change
			Add
			Remove
			Change
			Add On
			Remove
			□ Change
			Remove
		<u> </u>	Change

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			-
		(
fective date, if other than the date of filing effective date is listed, the date must be specific another. If the date inserted in this block does not the programment of the series of	ing;	(optional) an 90 days after filing.) Pursuant to 60:	5.020
ute: If the date inserted in this block does no	it meet the applicable statutory filing requ	uirements, this date will not be list	ted 8
beument's effective date on the Department o	i State 3 records.		
record specifies a delayed effective	e date, but not an effective time,	at 12:01 a.m. on the earli	er (
The 90th day after the record is file	d.		
August 30th	2017		
ated August 50m	·	-	
1/11/22/\.		<u> </u>	7 25 7
Signature of	f a member or authorized representative of a	member Section 1	
		7 ~	7
Racesa Ibrahim		7. F. F. F.	
Racesa Ibrahim	Typed or printed name of signee		
Racese Ibrahim	Typed or printed name of signee	Fig. 1.	