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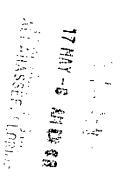
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COVER LETTER

TO:	Registration Sec Division of Corp						
CUDID		NVESTMENTS III, LLC					
SUBJE	C1:	Name of Limi	ted Liability Company				
		mendment and fee(s) are submedence concerning this matter to					
r icase i	etarri an correspon	TROY H. MYERS, JR.	to the following.				
			Name of Person				
		ICARD, MERRILL, CULI	LIS, TIMM, FUREN & GINSBUI	RG, P.A.			
			Firm/Company				
		2033 MAIN ST STE 600					
			Address	· · · · · · · · · · · · · · · · · · ·			
		SARASOTA, FL 34237					
		City/State and Zip Code TMYERS@ICARDMERRILL.COM E-mail address: (to be used for future annual report notification)					
For furt	ther information co	ncerning this matter, please ca	·				
	H. MYERS, JR.		941 953-8110				
	Name of	Person	at ()at () Area Code Daytin	ne Telephone Number			
Enclose	ed is a check for the	e following amount:					
\$25	5.00 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

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mpany were filed o	on August 15,	, 2010	and	d assigned
Company as it now a limited Liability Comp mpany were filed of			and	d assigned
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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 Register of Agent Stanature 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>	<u>Address</u>	Type of Action
MGR	TROY H. MYERS, JR.	2033 MAIN ST STE 600	
		SARASOTA, FL 34237	■ Remove
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