L/16000158178

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COVER LETTER

TO: Registration Section Division of Corporation (Corporation)					
HedgeCo Mar	nagement LLC				
.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		ited Liability Company			
The enclosed Articles of Ar	mendment and fee(s) are sub	mitted for filing.			
Please return all correspond	lence concerning this matter	to the following:			
	Evan Rapoport				
		Name of Person			
HedgeCo Management LLC					
		Firm/Company			
400 Clematis Street, Suite: 205					
	-	Address			
, · ·	West Palm Beach,	Florida	33401		
		City/State and Zip Code	······································		
	Rosemarie@hedgecovest.co		in a land		
		to be used for future annual report no	tification)		
For further information con-	cerning this matter, please co	all:			
Rosemarie LoSardo		561 835-8690 at ()			
Name of P	erson	Area Code Daytii	ne 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HedgeCo Management 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 $\frac{08/16/2016}{1}$ Florida document number L16000158178 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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 105 South Narcissus Avenue, Suite: 701 Enter new principal offices address, if applicable: West Palm Beach, FL 33401 (Principal office address MUST BE A STREET ADDRESS) 105 South Narcissus Avenue, Suite: 701 Enter new mailing address, if applicable: West Palm Beach, FL 33401 (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: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida 33401 Zip Code City

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 = M AMBR = A	Manager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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(If an effecti Note: If t	date, if other than the date of filing: ve date is listed, the date must be specific and cannot be prior to the date inserted in this block does not meet the applicable 's effective date on the Department of State's records.	(optional) o date of filing or more than 90 days after filing.) Pursuant to 605.02 ble statutory filing requirements, this date will not be listed	207 (3) as the
	d specifies a delayed effective date, but not Oth day after the record is filed.	an effective time, at 12:01 a.m. on the earlier	of:
Dated		_·)	
	<u>_</u> /	ized representative of a member	

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Typed or printed name of signee

Filing Fee: \$25.00