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Certified Copies	_ Certificates	of Status
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March 24, 2020

DAVID F. VEDDER DFV IRA, LLC 1651 N CLYDE MORRIS BLVD., SUITE 2 DAYTONA BEACH, FL 32117

SUBJECT: DFV IRA, LLC Ref. Number: L20000055662

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

THE AUTHORIZED PERSON(S) MUST BE LISTED ON THE PAGE STATING AUTHORIZED PERSON DETAIL. PLEASE AMEND YOUR DOCUMENT ACCORDINGLY AND RESUBMIT.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 020A00006388

Susan Tallent Regulatory Specialist II

DFV IRA LLC

1651 N. Clyde Morris Blvd., Ste. 2 Daytona Beach. FL 32117

David F. Vedder, Manager 386-274-0044

Susan Tallent, Regulatory Specialist II Florida Department of State Division of Corporations PO BOX 6327 Tallahassee, FL 32314

Re: David F. Vedder, LLC

Ref. Number: L20000055662

Dear Ms. Tallent:

Enclosed you will find our Articles of Amendment to Articles of Reorganization of DFV IRA, LLC, for filing. Note that we have amended the document per your request.

Sincerely.

David F. Vedder

Darf & Volder

COVER LETTER

TO:

	ion Section of Corporations	
	IRA, LLC	
SUBJECT:	Name of L	imited Liability Company
The enclosed Artic	eles of Amendment and fee(s) are s	submitted for filing.
Please return all co	orrespondence concerning this matt	ter to the following:
	David F. Vedder	
	.	Name of Person
	DFV IRA, LLC	
		Firm/Company
	1651 N Clyde Morris B	Ivd., Suite 2
		Address
	Daytona Beach, FL 321	117
		City/State and Zip Code
	David.Vedder@Thelmm	-
	E-mail address	s: (to be used for future annual report notification)
For further informa	ation concerning this matter, please	e call:
David F. Vedder		386 274-0044 at ()
}	Name of Person	Area Code Daytime Telephone Number
Enclosed is a check	k for the following amount:	
■ \$25.00 Filing I	Fee S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		::
Mailing A	Address:	Street Address:
Registra	tion Section	Registration Section
	of Corporations	Division of Corporations
P.O. Box		The Centre of Tallahassee
Tallahas	see, FL 32314	2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

DFV_IRA, LLC		
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our reco Liability Company)	rds.)
The Articles of Organization for this Limited Liability Company	y were filed on <u>02/21/2020</u>	and assigned
Florida document number L20000055662		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial	bility company here:	
N/A		
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LI	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	N/A	
(Principal office address MUST BE A STREET ADDRESS)		702)
		AFR
		λ
Enter new mailing address, if applicable:	N/A	
(Mailing address MAY BE A POST OFFICE BOX)		
		——————————————————————————————————————
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, ente	, -
Name of New Registered Agent: N/A		
New Registered Office Address:	Enter Florida street addr	ess
	r.	Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent	<u>:</u>	

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
MGR	David F. Vedder	1651 N. Clydo Morris] [Add
	!	Sto 2	□Remove
		Daylona Bch, FL	□Change
		32117	🗆 Add
			□Remove
			□ Change
			□Add
			□Remove
			□Change
			□Add
			🗆 Remove
			□Change
			🗆 Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

	nager is David F. Vedder.
	·
AR	FICLE V MEMBERSHIP The Company has a single-member, the Entrust Group, Inc., FBO David F. Vedder
IRA	number 7230011170.
AR'	FICLE VI LIMITED PURPOSE The Company is limited to the engagement of business as allowed a
self	directed IRA under the U.S. Internal Revenue Code.
-	
	
effecti <u>e:</u> If t	date, if other than the date of filing:
effecti <u>e:</u> If t ument	e date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a

and the second

Filing Fee: \$25.00

Typed or printed name of signee