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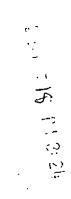
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## **COVER LETTER**

**Division of Corporations** SIRIUS STOCK MARKET LLC SUBJECT: \_ 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: EDWARD MADERA Name of Person PREPAID SOLUTION Firm/Company 701 BRICKELL KEY BLVD APT #1902 Address MIAMI / FLORIDA / 33131 City/State and Zip Code EMADERA@PREPAID-SOLUTION.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 786 253-8850 EDWARD MADERA Daytime Telephone Number Name of Person Enclosed is a check for the following amount: □ \$60.00 Filing Fee, □ \$55.00 Filing Fee & **■** \$25.00 Filing Fee ☐ \$30.00 Filing Fee & Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed)

Mailing Address:

TO:

Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

## SIRIUS STOCK MARKET 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 and assigned This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: MADERA FLIP LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC" Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (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:

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.

Enter Florida street address

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
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