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**EXAMINER** 

## **COVER LETTER**

TO:	Registration S Division of Co			
SUBJI	ECT:	Artesia Capital I	Management USA, LLC	
			ited Liability Company	-
The en	closed Articles of	Amendment and fee(s) are sul	omitted for filing.	
Please	return all corresp	ondence concerning this matter	to the following:	
			Ryan L. Snyder, Esq.	<u> </u>
			Name of Person	
		Sr	nyder Law Group, P.A.	
	;		Firm/Company	_
		1	1031 Gatewood Drive	
			Address	2012 SEC TALL
		ŧ	Bradenton, FL 34211	
			City/State and Zip Code	AHAS
		ryar	n@snyderlawgroup.com to be used for future annual report notification)	ARY C
For fur	ther information	concerning this matter, please	•	20 MEGI
	Rvan	L. Snyder, Esq.	at ( 941 ) 747-3456	
		of Person	Area Code & Daytime Telephone Num	ıber
Enclos	ed is a check for t	the following amount:		
\$25	5.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	(additional copy is enclosed) Certif	Filing Fee, Ticate of Status & Tied Copy tional copy is enclosed)
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		tration Section on of Corporations Box 6327	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

Artesia Capital Ma (Name of the Limited Liability Compa (A Florida Limited L	anagement, LLC  ny as it now appears on our records.  Liability Company)	<del></del>			
The Articles of Organization for this Limited Liability Company Florida document numberM1000000488	were filed on2/3/10	and assigned			
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liab	ility company here:				
The new name must be distinguishable and end with the words "Limi"L.L.C."	ited Liability Company," the designation	"LLC" or the abbreviation			
Enter new principal offices address, if applicable:	r new principal offices address, if applicable: 300 Beach Drive NE, Apt. 2201				
(Principal office address MUST BE A STREET ADDRESS)	St. Petersburg, FL 33701	¥SE 2ª			
	`				
		35 CS			
Enter new mailing address, if applicable:	300 Beach Drive NE, Apt. 22	101AAAAA			
(Mailing address MAY BE A POST OFFICE BOX)	St. Petersburg, FL 33701	7477			
		27 W			
		\$100 <b>6</b> 0			
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		r the name of the new			
Name of New Registered Agent:					
New Registered Office Address:	·	<del></del>			
	Enter Florida street address				
	, Florida				
	City	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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = 1	Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
<u></u>			D Damarra
			Remove
<del></del>			Domoreo
			Add Remove
**************************************	·		Remove
			Adl
D. If amen	ding any other information, o	enter change(s) here: (Attach additional sh	<u>0</u> m .€
_			
Dated	January 31		
	Signature	of a member or authorized representative of a n	nember
	Tr	evor R. Burgess, Managing Member	
		Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00