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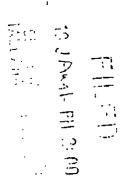
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Amend Manel

COVER LETTER

то:	Registration So Division of Cor			
SUBJE		rtners, LLC		
SOBJE	;C1:		ned Liability Company	
The end	closed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please i	return all correspo	ondence concerning this matter	to the following:	
		Dale S. Bergman		
			Name of Person	
		Gutierrez Bergman Boulris	s, PLLC	
			Firm/Company	
		901 Ponce De Leon Blvd.,	Suite 303	
			Address	
		Coral Gables, FL 33134		
			City/State and Zip Code	
		regagent@gbbpl.com	to be used for future annual report notifi	(mution)
East foot	har in Commotion o	•		саноп)
		oncerning this matter, please ca		
Dale S.	Bergman	- ,	305 358-5100 at()	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclose	d is a check for th	ne 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

Kenyon Partners, LLC			
(Name of the Limit	ed Liability Compar (A Florida Limited L	iy as it <u>now appears on our reco</u> iability Company)	ords.)
The Articles of Organization for this Limited Li Florida document number <u>L02000006563</u>	ability Company		
This amendment is submitted to amend the follo	ovving:		
A. If amending name, enter the new name of	the limited liabi	lity company here:	
Noynek Partners, LLC			
The new name must be distinguishable and contain the w	ords "Limited Liabil:	ity Company," the designation "I	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applications	able:	901 Ponce De Leon Blvd.	
(Principal office address MUST BE A STREE	T ADDRESS)	Suite 303	
		Coral Gables, FL 33134	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		901 Ponce De Leon Blvd. Suite 303	
		Coral Gables, FL 33134	
B. If amending the registered agent and/ registered agent and/or the new registered of	•		rds, enter the name of the nev
Name of New Registered Agent:	GBBPL Registe	ered Agents, LLC	3
New Registered Office Address:	901 Ponce De I	eon Blvd., Suite 303	. <u> </u>
- I de la companya de		Enter Florida street ad	dress
	Coral Gables	·····	Florida 33134 3
		Сиу	Zip Code
New Registered Agent's Signature, if changing I	Registered Agent:		
I hereby accept the appointment as registere provisions of all statutes relative to the prop- accept the obligations of my position as regi- being filed to merely reflect a change in the	er and complete stered agent as j	performance of my duties provided for in Chapter 60	, and I am familiar with and 15, F.S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

company has been notified in writing of this change.

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 = A $AMBR = A$	danager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			☐ Remove
			Change
			Add
			☐ Remove
			Change
			
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	ective date on the Department of State's records.	
record sp	ecifies a delayed effective date, but not an effect	tive time, at 12:01 a.m. on the earlier o
	ay after the record is filed.	,
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	Lindal Francis	
	Signature of a member or authorized represe	ntative of a member
	organization a member of authorized represe	
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Filing Fee: \$25.00