104000039876

(Re	questor's Name)	
(Ad	dress)	
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(Cit	ry/State/Zip/Phone	e #)
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C. GOLDEN

DEC -1 2018

COVER LETTER

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SUBJECT:	Sandhill Cra	anc Partners, LLC		
oobjiict.				
The enclosed	l Articles of .	Amendment and fee(s) are sub-	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		Jill A. Holup		
			Name of Person	
		Callegro Investments, LLC	•	
		 -	Firm/Company	····
		3267 Bee Cave Road, Suite	e 107-218	
			Address	
		Austin, TX 78746		
		jholup@callegroinvestment	City/State and Zip Code s.com	
		E-mail address: (to be used for future annual report notif	fication)
For further in	nformation c	oncerning this matter, please ca	all:	
Jill A. Holup			512 814-9771at ()	
	Name o	f Person	Area Code Daytime	e Telephone Number
Enclosed is a	i check for th	ne following amount:		
■ \$25.00 F	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

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED

2018 NOV 20 PM 4: 24

MALLAHASSEE, FL The Articles of Organization for this Limited Liability Company were filed on $\frac{5/26/2004}{1}$ _____ and assigned Florida document number 1.04000039876 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 "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)

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 a	uddress
		-
		_, Florida
	City	Zin Code

New Registered Agent's Signature, if changing Registered Agent:

Sandhill Crane Partners, LLC

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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	Christopher Melton	118 Montrose Lane Watermill, NY 11976	
			■ Remove
			☐ Change
MGR Callegro Investi	Callegro Investments, LLC	3267 Bee Cave Road, Ste 107-218 Austin, TX 78746	■ Add
			☐ Remove
		- .	Change
			□ Remove
			Change
			Remove
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			□ Remove
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E. Effect	tive date, if other than the date of filing: (optional)
(If an ef	tive date, if other than the date of filing:
	. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a nent's effective date on the Department of State's records.
	·
	ecord specifies a delayed effective date, but not an effective time, \$\$\text{\$\texitt{\$\text{\$\texitt{\$\text{\$\text{\$\text{\$\text{\$\text{\$\tex{
Dated	November 16 2018
Dated	Allstolus
	Signature of a member or authorized representative of a member

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00