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| (Requesto | or's Name) | | | |
|--------------------------------|------------------------|--|--|--|
| (Address) | | | | |
| (Address) | | | | |
| (City/State | e/Zip/Phone #) | | | |
| PICK-UP | WAIT MAIL | | | |
| (Business | Entity Name) | | | |
| (Document Number) | | | | |
| Certified Copies | Certificates of Status | | | |
| Special Instructions to Filing | Officer: | | | |
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Office Use Only



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COVER LETTER

| TO: Registration Section Division of Corporations | | | | | |
|--|---|--|--|--|--|
| SUBJECT: 6+BPartners L.L.C. | | | | | |
| 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: | | | | | |
| Giorgio W. Schiavone | | | | | |
| G+B Partners, L. L.C. Firm/Company | | | | | |
| 13314 St Tropez Circle | | | | | |
| Palm Beach Gardens F1. 33410 City/State and Zip Code | | | | | |
| Giorgio WS @ AOL. com E-mail address: (to be used for future annual report notification) | | | | | |
| For further information concerning this matter, please call: | | | | | |
| Giorgio W Schiavone at (50) 346-0319 Name of Person Area Code & Daytime Telephone Number | | | | | |
| Enclosed is a check for the following amount: | | | | | |
| \$25.00 Filing Fee \$\ \times \text{Solution} \text{Solution} \text{Filing Fee & Certificate of Status} \text{Solution} \text{Solution} \text{Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)} |) | | | | |
| MAN INC ADDRESS. | | | | | |

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

FILED

| 6+B Partners | < L.L.C. | SECRETAD | Y OF STATE |
|---|---|----------------------------|---------------------------|
| G+B Partners (Name of the Limited L.) (A F | iability Company as it now app lorida Limited Liability Compan | pears on duningeoures; | EE, FLORIDA |
| The Articles of Organization for this Limited Lial | pility Company were filed on _ | | and assigned |
| Florida document number | <u> 193</u> . | | |
| This amendment is submitted to amend the follow | ving: | | |
| A. If amending name, enter the new name of t | he limited liability company | <u>here</u> : | |
| The new name must be distinguishable and end with "L.L.C." | the words "Limited Liability Cor | mpany," the designation | "LLC" or the abbreviation |
| Enter new principal offices address, if applical | ole: | | |
| (Principal office address MUST BE A STREET | ADDRESS) | | |
| | | | , |
| Enter new mailing address, if applicable: | | | |
| (Mailing address MAY BE A POST OFFICE B | <u> </u> | | |
| | | | |
| B. If amending the registered agent and/or registered agent and/or the new registered officers. | • | n our records, <u>ente</u> | r the name of the new |
| Name of New Registered Agent: | | | |
| | | | |
| New Registered Office Address: | | Enter Florida street a | ddress |
| | | , 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.

OF IMBURYING IMPRINEL DEING ROUGH OF FEMOVER FROM OUT RECORDS:

MGR = Manager MGRM = Managing Member Title Name **Address** Type of Action M6Rm Benjamin CJacobson 3535 S Ocean Dr. Unit 1203 Add Hollywood, 71 3309 PREmove ☐ Remove ☐ Add ☐ Remove ☐ Add Remove \square Add ___Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary, Dated Tebruary 14, 2012 Signature of a member or authorized representative of a member Giorgio W. Schiavone
Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00