## <u>L0000009690</u>

(Re	questor's Name)	
(Ad	dress)	
•	,	
DA)	dress)	
(Cit	y/State/Zip/Phone	∋#)
PICK-UP	WAIT	MAIL
(D.,		
(Bu	siness Entity Nan	nej
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
	_	
Special Instructions to	Filing Officer:	





600150271666

04/16/09--01024--003 \*\*30.00

09 APR 16 PH 12: 07
SECRETARY OF STATE

## **COVER LETTER**

TO: Registration Se Division of Cor			
SUBJECT: Flo	vidian Partne	rs LLC	
	(Name of Limi	ited Liability Company)	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Kelli	(Name of Person)	<u>. ·</u>
Y	<u> </u>	dian Partners U	C
	108	S. Monroe Sted (Address)	COV
	Tall	chassee A 323 (City/State and Zip Code)	001
For further information of	concerning this matter, please ca	all:	
Kelle (Name	DN-eal of Person)	at (850) 681-002 (Area Code & Daytime T	elephone Number)
Enclosed is a check for t	he 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

	F			D
1	U9 AP	R 16	PHI	2: 07
TA	SECRE ILI.AH	TARY	.DF.S	TATE

ALLAHASSEE FLORIDA
Floridian Partners, LLC
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)
(A Florida Elimica Elability Company)
The Articles of Organization for this Limited Liability Company were filed on 811 2600 and assigned
Florida document number <u>L0000009690</u> .
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 end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
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:
(Enter Florida street address)
Florida

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.

(City)

(If Changing Registered Agent, Signature of New Registered Agent)

(Zip Code)

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 = Managing Member <u>Address</u> <u>Title</u> <u>Name</u> **Type of Action** Jorge Chamizo MGR Add Remove ☐ Add Remove Add 🛅 Remove ☐ Add Remove **□** Add Remove

Add Remove

		STATE LORID
Dated	April 13 , 2009.	<u> </u>
	Signature of a member or authorized representative of a member	
	Charles F. Dudley  Typed or printed name of signee	

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Page 2 of 2

Filing Fee: \$25.00