L050000 27973

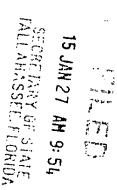
(Re	questor's Name)	
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COVER LETTER

	istration Secti ision of Corpo		•	
CUBIECT.	Duany, Pla	ater-Zyberk & Compan	y, LLC	
SUBJECT:		Name of Limit	led Liability Company	
The enclosed	l Articles of A	mendment and fee(s) are subn	nitted for filing.	
Please return	all correspond	dence concerning this matter to	o the following:	
		Thomas O. Wells, Es	sq.	
			Name of Person	
		Wells & Wells, P.A.		
		4.600	Firm/Company	
		540 Biltmore Way		
			Address	
		Coral Gables, FL 33	134	
			City/State and Zip Code	
		mechelle@twellslaw.	com o be used for future annual report notific	
For further in	nformation cor	E-mail address: (unicerning this matter, please ca	•	cation)
Thomas		,	305 444-0016	
	Name of F	Person	Area Code Daytime	Telephone Number
Enclosed is	a check for the	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

Duany Plater-Zyberk & Com		
(Name of the Limited (A	Liability Company as it now appears on our records.) Florida Limited Liability Company)	
The Articles of Organization for this Limited Liab Florida document number L05000027973	oility Company were filed on March 21, 2005	and assigned
This amendment is submitted to amend the follow	ring:	
A. If amending name, enter the new name of t	he limited liability company here:	
DPZ Partners, LLC		
The new name must be distinguishable and end with the we	ords "Limited Liability Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicab	ole:	
(Principal office address MUST BE A STREET	ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	<u></u>	
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our records, enter	
Name of New Registered Agent:		JAN 27
New Registered Office Address:		mo B III
	Enter Florida street address	9: 5 STA
	, Florida	Szip 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 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 the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Galina Tachieva	1023 SW 25th Avenue	■ Add
		Miami, FL 33135	☐ Remove
			□ Remove
			
			□ Add
			☐ Remove
		<u>,</u>	75 15 Remove 2
			SERVICE AND TO
			S And S S S S S S S S S S S S S S S S S S S
			Add
			□ Remove

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The effective	late, if other than the date of filing: (optional) date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after document is filed by the Florida Department of State)
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The effective the date this	date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after document is filed by the Florida Department of State) Jaman 19 Whath Puth - Wall
The effective the date this Dated	date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after document is filed by the Florida Department of State)

Page 3 of 3

Filing Fee: \$25.00

SECRETARY OF STATE