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## **COVER LETTER**

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P.O. Box 6327

Tallahassee, FL 32314

TO:	Registration Se Division of Cor					
SUBJE		ARTNERS, LLC				
SUBJE	C1:	Name of Limi	ted Liability Company	<del></del>		
The enc	losed Articles of	Amendment and fee(s) are sub-	mitted for filing.			
Please r	eturn all correspo	ondence concerning this matter	to the following:			
		Andrew Zobler				
			Name of Person	<u>-</u>		
		SYDELL PARTNERS LLC				
			Firm/Company			
		125 NE 26th Street, Suite 800				
			Address			
		Miami, FL 33137				
		-				
		legal@sydellgroup.com				
		E-mail address: ()	o be used for future annual report nor	ification)		
For furt	her information e	oncerning this matter, please co	ll:			
Kristal	Swope		514 654-0919 at()			
	Name o	f Person	Area Code Daytin	ne Telephone Number		
Enclose	ed is a check for the	he following amount:				
□ \$25	5.00 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 Addres		<u>Street Address:</u> Registration Sc	ection		
	Division of C		Division of Co			

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street. Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SYDELL PARTNERS LLC

( <u>Name of the Limited Liability Compa</u> (A Florida Limited	<u>inv as it now appears on ou</u> Liability Company)	ur records.)
		r 2004
The Articles of Organization for this Limited Liability Company	were filed on October o	and assigned
Florida document number L05000098841		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
ZOBLER PARTNERS LLC		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designat	tion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		2
(Principal office address MUST BE A STREET ADDRESS)		70 <b>12</b> 4
		35.23
Enter new mailing address, if applicable:	<del></del>	<u>හල පු [11</u>
(Mailing address MAY BE A POST OFFICE BOX)		$\square_{\alpha} = \bigcup$
		근걸 등
		. 1
B. If amending the registered agent and/or registered office	address on our records	s, 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:		
New Registered Office Address.	Enter Florida stre	vet address
<del></del>	City	, Florida Zip Code
New Registered Agent's Signature, if changing Registered Agent:	•	•
New Registered Agent's Signature, it changing Registered Agent:		
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my di provided for in Chapte	uties, and I am familiar with and er 605, F.S. Or, if this document is

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>	Name	Address	Type of Action
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ffective date, if other than the	· date of filing:			(ontional)	
Affective date, if other than the an effective date is listed, the date must be a fit the date inserted in this becoment's effective date on the E	lock does not meet the	applicable statute	ling or more than 90 d ory filing requireme	nys after filing.) Pursuant to nts, this date will not be	605,0207 Listed as
record specifies a delayed effective is filed.	e date, but not an effe	etive time, at 12:0	) I a.m. on the earlie	er of: (b) The 90th day	after the
	2024	Į.			
April 4	··	·			
April 4	Oin (	Ele			_
Dated April 4	Signature of a member	200-	sentative of a member		_

Filing Fee: \$25.00