L0900000049644

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SECRETARY OF STATE FALLAHASSEE, FLORIDA

JAN 25 PM 1: 32

COVER LETTER

TO:	Registration Sec Division of Corp					
SUBJ	ECT: Santa Luc	cia Partners Management, LLC		·····		
		Name of Limit	ted Liability Company			
The er	nclosed Articles of a	Amendment and fee(s) are sub	omitted for filing.			
Please	return all correspo	ndence concerning this matter	to the following:			
		Mitchell B. Kirschner,	<u>·</u>			
			Name of Person			
		Mitchell B. Kirschner,	P.A.		2017	
			Firm/Company	,		
•		1515 North Federal Hig	ghway, Suite 314		2010 JAN 25	FILED
			Address		E 2	L
		Boca Raton, FL 33432	2		1:33 FLORID	C
			City/State and Zip Code		33 33	
		mitch@kirschnerpa.com	m to be used for future annual report notificat	ion		
For fu	irther information c	oncerning this matter, please o		ion)		
м	itchell B. Kirschner	r	at (561) 347-0000			
		f Person	Area Code & Daytime To	elephone Number		
Enclo	sed is a check for the	ne following amount:				
X \$2	5,00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (of Status &	esed)
	Registr Divisio P.O. Be	ING ADDRESS: ration Section on of Corporations ox 6327 assee, FL 32314	STREET/COURIER Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 3230	ons er Circle		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Santa Lucia Partners Management, LI	.C	
(<u>Name of the Limited Liabilit</u> (A Florida	ty Company as it now appears on our re Limited Liability Company)	ecords.)
The Articles of Organization for this Limited Liability	Company were filed on 3/26/09	and assigned
Florida document number <u>L09000029644</u>		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
- Santa Lucia Partners Mgt., LLC		and the second s
The new name must be distinguishable and end with the we "IIC."	ords "Limited Liability Company," the de	esignation ALC" of the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	ORESS)	SE S
Enter new mailing address, if applicable:		5 33 S
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office ad		ds, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florid	a street address
		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.

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

	<u>Name</u>	<u>Address</u>	Type of Action
			Add Remove
			— D
.			A CO Add A CO Add Bernove
			ASSET OF Remove
			Dri 33
amend	ling any other information, enter cl	nange(s) here: (Attach additional shee	
amend	ling any other information, enter cl		
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	uary 20		

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Filing Fee: \$25.00