

L100000038900

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

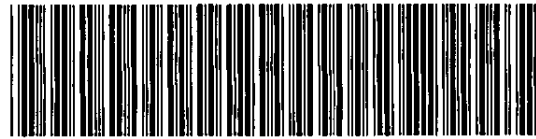
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

*[Handwritten mark]*

Law Offices of  
**JOEL R. LAVENDER, P.A.**  
507 Southeast 11th Court  
Fort Lauderdale, Florida 33316

(954) 522-5101

Fax (954) 523-1221

April 4, 2013

Corporate Records Bureau  
Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32301


Re: **Articles of Amendment to Articles of Organization for Florida Limited Liability Company-VORTEX PARTNERS, LLC**

Ladies/Gentlemen:

Enclosed please find the original and one (1) copy of Articles of Amendment to Articles of Organization for Florida Limited Liability Company for the above named corporation, along with my check in the amount of \$25.00 for the filing of same. Kindly, return a true copy of said articles.

If you have any questions, please do not hesitate to contact me.

Very truly yours,



JOEL R. LAVENDER

JRL:vab  
Enclosures

2013 APR 18 AM 8:32  
STATE TERRY DE SMITH  
FALLAHIAN ET AL FLORIDA  
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**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

VORTEX PARTNERS, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 04/12/2010 and assigned Florida document number L10000038900

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)**

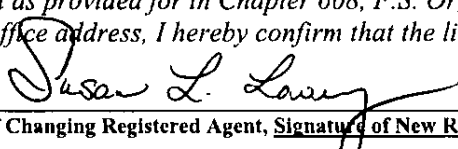
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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: Susan L. Lowry  
New Registered Office Address: 300 NE 17 Avenue  
Enter Florida street address  
Fort Lauderdale, Florida 33301  
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 Changing Registered Agent, Signature of New Registered Agent**

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2010 APR 18 AM 8:30  
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TALLAHASSEE FLORIDA

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>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Susan L. Lowry	300 NE 17 Avenue	<input checked="" type="checkbox"/> Add
		Fort Lauderdale	<input type="checkbox"/> Remove
		Florida 33301	
MGRM	Jeffrey Lowry	300 NE 17 Avenue	<input type="checkbox"/> Add
		Fort Lauderdale	<input checked="" type="checkbox"/> Remove
		Florida 33301	
			<input type="checkbox"/> Add
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated April 4, 2013

Signature of a member or authorized representative of a member  
SUSAN L. LOWRY *Susan L. Lowry*  
Typed or printed name of signee

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