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(Re	equestor's Name)
(Ac	ddress)
(Ac	ldress)
(Ci	ty/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(Bu	usiness Entity Name)
(D)	ocument Number)
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Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:
MECENTER TEB 23 PM 3: 15	
2 E	Office Use Only



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SECRETARY OF STATE
TAIL MINSSEE TO ORD.

D. SCOTT FEB 2 4 2017

COVER LETTER

Division of Co	rporations	•		
subject: <u>Вес</u>	Ker Research T Name of Lir	Partners, LLC nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sul	bmitted for filing.		
Please return all correspo	ondence concerning this matter	r to the following:		
	<u>Becker H</u> 	Beasky Name of Person olding Corporation Einn/Company y A-1-A Suite Address each FL 3296 City/State and Zip Code kerholding. Com (to be used for future/annual report notification)	204	TALLANASSEL
For further information of Walter 13	oncerning this matter, please c			3 MIII 17
Name of Enclosed is a check for the S25.00 Filing Fee	rerson /	Area Code Daytime Illustrian State	□ \$60.00 Filir Certificate Certified C	of Status &
			(additional co	opy is enclosed)

MAILING ADDRESS:

TO:

Registration Section

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

Becker Resea	rch Partners, LLC	
(Name of the Limited	rch Partners LLC 1 Liability Company as it now appears on our records.) A Florida Limited Liability Company)	
The Articles of Organization for this Limited Lial Florida document number	bility Company were filed on 4/27/2011	and assigned
This amendment is submitted to amend the follow	ving:	
A. If amending name, enter the new name of t	he limited liability company here:	-i.a -
The new name must be distinguishable and contain the wor	ces LLC. rds "Limited Liability Company," the designation "LLC" or t	he abbreviation "L.E.C."
Enter new principal offices address, if applicab		23 H
(Principal office address MUST BE A STREET	ADDRESS)	
	***************************************	02 : 03 : 1
Enter new mailing address, if applicable:	AND COLUMN	
(Mailing address MAY BE A POST OFFICE BO	<u> </u>	
	-	
registered agent and/or the new registered office		
Name of New Registered Agent:	Thomas W Hurley	
New Registered Office Address:	Thomas W Hurley 1701 Hwy A-1-A Suit Enter Florida street address	e 204
	Vero Beach, Florida	32963 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 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 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 = 1	Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			Remove
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			Add
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Dated <u>Pebruary</u> , 2017.									
If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605. Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed document's effective date on the Department of State's records. The record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier The 90th day after the record is filed.		•							
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Dated <u>Pebruary</u> , 2017.	The 90th	n day after the	record is filed.	late, but not	an effective t	ime, at 12:0	01 a.m. on	the gar	
Signature of a member or authorized representative of a member	ated i	Februar	+ M	, <u>2017</u>				HASSEE,	FEB 23 MI 11: 47
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Filing Fee: \$25.00