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NECKETARY OF STATE

Division of Corpo	rations		
SUBJECT: The	George Town Name of Limi	Partnership U	<u>C</u>
-			
The enclosed Articles of Ar	nendment and fee(s) are sub	mitted for filing.	
Please return all correspond	ence concerning this matter	to the following:	
	Christophe	- Modeod Name of Person	_
	The George	town Partnersty	o UC
,	1035 N. Mir	mi Aue 101	
	Miani Fl	- 33\33 City/State and Zip Code	
	chris ethe	Crnermi 6m. Com	ication)
For further information con	cerning this matter, please ca	all:	
Christo pher	- Macleod	at (365) 976 - Area Code Daytime	9797 Telephone Number
Enclosed is a check for the	following amount:		
S25.00 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 tadditional copy is enclosed)
Mailing Address		Street Address:	

TO:

Registration Section

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street. Suite 810 Tallahassee, FL 32303

TO ARTICLES OF ORGANIZATION OF

The George town Par	
(<u>Name of the Limited Liability Compan</u> (A Florida Limited L	i <u>y as it now appears on our records.</u>) lability Company)
The Articles of Organization for this Limited Liability Company	were filed on $\frac{7/21}{2011}$ and assigned
Florida document number <u>L11000084371</u>	/ /
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	lity company here:
The new name must be distinguishable and contain the words "Limited Liabilia	ty Company," the designation "L.L.C" 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 adagent and/or the new registered office address here:	ddress on our records, enter the name of the new registered
The second secon	
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	Florida
New Registered Agent's Signature, if changing Registered Agent:	City Tip Falle V
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as public filed to merely reflect a change in the registered office a company has been notified in writing of this change.	performance of my duties, and I am familiar with and rovided for in Chapter 605, F.S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MBR	Emmanuel Papageorgi	a 460 water SL.	□Add
. ·		Warren, RI 02885	tdRemove
			□Change
MBR	Min Lovink	1240 27th St. NW	□Add
		Woglington, DC 20007	
•			□Change
•			□Add
			□Remove
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an eff ote:	tive date, if other than the date of filing:
record l is fil	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ed.
ated	October 2156. 2021.
	Signature of a member or authorized representative of a member