## L110000089149

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THANK!

## **COVER LETTER**

TO:	Registration S Division of Co						
SUBJECT: Durbin Partners, LLC							
5020			ted Liability Company				
The en	closed Articles o	f Amendment and fee(s) are sub	mitted for filing.				
Please	return all corresp	ondence concerning this matter	to the following:				
	Jesse P. Killebrew						
Name of Person							
Durbin Partners, LLC							
Firm/Company							
		-	77 Saragossa Street				
			Address				
		St	Augustine, FL 32084				
City/State and Zip Code							
		E-mail address: (t	alsopinc@aol.com  o be used for future annual report notificat	ion)			
For fur	ther information	concerning this matter, please ca	all:				
	An Name	drew Norgart of Person	at ( <u>904)</u> 53 Area Code & Daytime To	85-9759 elephone Number			
Enclose	ed is a check for t	he following amount:					
<b>•</b> \$25	.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 ADDRESS:

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

Di Olema dala Limited Lia	urbin Partners, LLC	
(A Flo	bility Company as it now apperida Limited Liability Company	ars on our records.)
The Articles of Organization for this Limited Liabil Florida document number		August 3, 2011 and assigned SION OF THE PARTY OF THE PART
This amendment is submitted to amend the followin  A. If amending name, enter the new name of the		TO PM
A. If amending name, enter the new hame of the	: minted nability company n	RATI
The new name must be distinguishable and end with the "L.L.C."	e words "Limited Liability Com	pany," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable	<b>::</b>	
(Principal office address MUST BE A STREET A	DDDECC	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX	<u> </u>	
B. If amending the registered agent and/or registered agent and/or the new registered office	egistered office address on address here:	our records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	E	nter Florida street address
<u></u>		, 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 Changing Registered Agent, Signature of New Registered Agent

If amerding 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>	Type of Action
MGR	Andrew Norgart	77 Saragossa Street St. Augustine, FL 32084	Add Remove
			Add Remove
<del></del>			Add Remove
			Add Remove
<del></del>			Add Remove
<del>"</del>			AddRemove
D. If amen	nding any other information, enter	change(s) here: (Attach additional sheets, if necessary	,) 
		1	SECRETARY OF SOLVISION OF CORPO
Dated	August 11	2011	LEU Y OF STATE CORPORATIONS 5 PM 1:17
	Signature of a r	Jesse P. Killebrew Typed or printed name of signce	\$
	/	Page 2 of 2	

Filing Fee: \$25.00