

L120000 44830

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(Address)

(Address)

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2016 MAY 17 AM 8:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Partners 6 LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

BOUCHER, JAMISON
Name of Person
PARTNERS 6, LLC
Firm/Company
319 SOMERS ROAD
Address
ELLINGTON, CT 06029
City/State and Zip Code
jamisonboucher@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

BOUCHER, JAMISON	860	880-0044
Name of Person	Area Code	Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$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**

PARTNERS 6, 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 03/30/2012 and assigned
Florida document number L12000044830.

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 contain 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)

319 SOMERS ROAD

ELLINGTON, CT 06029

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

319 SOMERS ROAD

ELLINGTON, CT 06029

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:

New Registered Office Address:

Enter Florida street address

Florida

City

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	EVANS, DIANE	23 RUGBY LANE	<input type="checkbox"/> Add
		SOUTH WINDSOR, CT 06074	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	EVANS, BERNARD	23 RUGBY LANE	<input type="checkbox"/> Add
		SOUTH WINDSOR, CT 06074	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	BOUCHER, ANITA	20 KINGFISHER LANE	<input type="checkbox"/> Add
		KEY WEST, FL 33040	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGRM	BOUCHER, RONALD	20 KINGFISHER LANE	<input type="checkbox"/> Add
		KEY WEST, FL 33040	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

NONE

2018 MAY 17 AM 8:29
CLERK OF THE
SOLICITOR GENERAL
TALLAHASSEE, FLORIDA

FILED

E. Effective date, if other than the date of filing: 05/10/2018 (optional)

(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 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated May 10th 2018



Signature of a member or authorized representative of a member

JAMISON BOUCHER

Typed or printed name of signee