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C. GOLDEN FEB 1 1 2019

COVER LETTER

	n Section Corporations
	ail Manor, LLC
SUBJECT:	Name of Limited Liability Company
The enclosed Article	s of Amendment and fee(s) are submitted for filing.
Please return all corr	espondence concerning this matter to the following:
	Wade Dirr
	Name of Person
	Firm/Company PO Box 1965
	Address Matthews, NC 28106
	City/State and Zip Code wadefdirr@gmail.com
	E-mail address: (to be used for future annual report notification)
For further information	on concerning this matter, please call:
Wade Dirr	941 408-6671
Nau	at ()
Enclosed is a check f	or the following amount:
□ \$25,00 Filing Fee	Certificate of Status Certified Copy (additional copy is enclosed) □ \$50.00 Filing Fee, Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)

MAILING ADDRESS: 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

FILED

2019 FEB -4 PM 6: 24

Whitetail Manor, 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 ______ __ and assigned L12000067001 Florida document number This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Partial Capital, LLC 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) 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: New Registered Office Address: Enter Florida street address

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>	Address	Type of Action	
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Effective date, if other than the (If an effective date is listed, the date in Note: If the date inserted in this I document's effective date on the I	block does not meet th	ne applicable sta	utory filing require	ements, this date will no	ant to 605.0207 (3 of be listed as th
the record specifies a delaye) The 90th day after the re	ed effective date, cord is filed.	but not an e	fective time, a	t 12:01 a.m. on the	e earlier of:
January 31 Dated	20	19			
11/20 2 5		·			
W 7 /	Signature of a member	er or authorized re-	annentative of a man	inue .	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00