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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MAY - 5 2015  
T. BROWN

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** PATREM PARTNERS 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:

ANGELA MACK

\_\_\_\_\_  
Name of Person

CREATRIX OFFICES

\_\_\_\_\_  
Firm/Company

2295 S. HIAWASSEE RD SUITE 407F

\_\_\_\_\_  
Address

ORLANDO - FL 32835

\_\_\_\_\_  
City/State and Zip Code

CREATRIX@CFL.RR.COM

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ANGELA MACK

407 403-3339

\_\_\_\_\_  
Name of Person

at (\_\_\_\_\_) \_\_\_\_\_  
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

Orlando, Florida on Fri Apr 17, 2015

Department of State  
Division of Corporations  
Corporate Filings  
P.O. Box 6327  
Tallahassee, FL 32314

**RE: PATREM PARTNERS, LLC**  
**FLORIDA DOCUMENT NUMBER L12000103955**

To whom it may concern:

On *February 27, 2014* we have submitted an amendments to the articles of incorporation for the above named corporation. However, some minor errors were found and have been corrected.

Enclosed, you will find a ***correction to the amendments to the articles of incorporation*** with the required filing fee.

We kindly request that a certified copy of the articles (amended and corrected) and a certified copy of the certificate of status reflecting all changes be mailed to our office. All fees in regards to the certified copies are also enclosed.

If there are any questions or concerns in regards to the changes and our request, please contact us via phone or email so that we can clarify it in an expeditious manner.

Best regards,

  
Registration Agent – Angela Mack

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

**PATREM PARTNERS LLC**

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

FILED  
15 APR 28 PM 12:20  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 08/13/2012 and assigned  
Florida document number L12000103955.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

N/A

The new name must be distinguishable and end with 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)**

2295 S. HIAWASSEE RD SUITE 407C

ORLANDO FLORIDA 32835

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

2295 S. HIAWASSEE RD SUITE 407C

ORLANDO FLORIDA 32835

**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: CREATRIX OFFICES

New Registered Office Address: 2295 S. HIAWASSEE RD SUITE 407F

*Enter Florida street address*

ORLANDO, Florida 32835  
*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 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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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	Luciano L de Oliveira	Rua Marilene Andre Rabelo da Silva 10	<input type="checkbox"/> Add
		Salvador/Bahia Cep 47000-000 BR	<input checked="" type="checkbox"/> Remove
MGRM	Juliana de Oliveira	Rua Marilene Andre Rabelo da Silva 10	<input type="checkbox"/> Add
		Salvador/Bahia Cep 47000-000 BR	<input checked="" type="checkbox"/> Remove
MGRM	Luciana de Oliveira	Rua Marilene Andre Rabelo da Silva 10	<input type="checkbox"/> Add
		Salvador/Bahia Cep 47000-000 BR	<input checked="" type="checkbox"/> Remove
MGRM	Matheus de Oliveira	Rua Marilene Andre Rabelo da Silva 10	<input type="checkbox"/> Add
		Salvador/Bahia Cep 47000-000 BR	<input checked="" type="checkbox"/> Remove
AMBR	JLM13, LLC	3524 Silverside Rd 35B - Delaware	<input checked="" type="checkbox"/> Add
		Mailing Address: 2295 S. Hiawassee Rd	<input checked="" type="checkbox"/> Remove
		Suite 407C - Orlando/FL 32835	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

Article IV: Registered Agent Signature

The correction is: Angela Mack

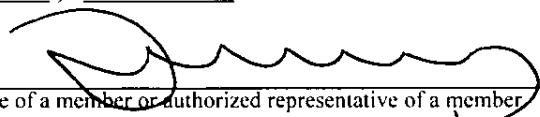
Article VI: Electronic Signature

The correction is: Luciano L. de Oliveira

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ **(optional)**

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated March 18, 2015

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

**LUCIANO L. DE OLIVEIRA**

\_\_\_\_\_  
Typed or printed name of signee