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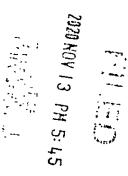
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COVER LETTER

TO:	Registration Se- Division of Cor		-	· •
CUBU		ET ADVISORY PARTNERS I	.l.C	
SUBJ	ECT:	Name of Limi	ted Liability Company	
The er	nclosed Articles of	Amendment and fee(s) are sub	nitted for filing.	
Please	return all correspo	ondence concerning this matter	to the following:	
		JOHN ELLIS BUSH, JR.		
			Name of Person	
		FINBACK INVESTMENT	PARTNERS LLC	
			Firm/Company	
		1200 ANASTASIA AVEN	UE, SUITE 500	
Address	-			
		CORAL GABLES, FLORI	DA 33134	
		···	City/State and Zip Code	
		jebjr@jeb.org		
		E-mail address: (to be used for future annual report noti	fication)
For fu	rther information c	oncerning this matter, please ca	all:	
Maria	D. Barrocas		305 416-2626 at ()	
	Name o	f Person		e Telephone Number
Enclo	sed is a check for t	he following amount:		
≡ S:	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		<u>Street Address:</u> Registration Se	ction
	Division of C		Division of Cor	
	P.O. Box 632		The Centre of T	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SUNSTREET ADVISORY PARTNERS 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 12/14/2012	and assigned
Florida document number 1.12000156287		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
GUACAMOLE FINBACK PARTNERS LLC		
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1200 Anastasia Avenue	
(Principal office address MUST BE A STREET ADDRESS)	Suite 500 (3rd Floor)	
	Coral Gables, Florida 33134	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, enter the	e name of the new regi
Name of New Registered Agent:		
New Registered Office Address:	n n n	
	Enter Florida street address	
	. Flori	a.
	City	da 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 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
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□ Add
			□Remove
			□ Change
			
			□ Remove
			□Change
			□Add
			□Remove
			[] Change
			□Add
			□Remove
			Change

f an ef Note:	tive date, if other than the date of filing:
reco: d is fi	rd 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 led.
ated	November 9th 2020
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00