# L13000035418

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#### **COVER LETTER**

TO: Registration Section
Division of Corporations

SUBJECT: Parnters III, 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:

### Erica D. Cohen

Name of Person

## The Dorcey Law Firm, PLC

Firm/Company

10181 Six Mile Cypress Pkwy, Ste. C

Address

Fort Myers, Florida 33966

City/State and Zip Code

erica@dorceylaw.com

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

For further information concerning this matter, please call:

Erica D. Cohen

239 418-0169

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)

Certificate of Status & Certified Copy : (additional copy is encoosed)

**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 III, LLC					
( <u>Name of the Limite</u> (.	d Liability Compa A Florida Limited I	ny as it now appears on our records. Liability Company)			
The Articles of Organization for this Limited I Florida document number L1300003541	iability Company	were filed on 03/07/2013	and assigned		
This amendment is submitted to amend the fol	lowing:				
A. If amending name, enter the new name	of the limited liab	ility company here:			
N/A					
The new name must be distinguishable and end w "L.L.C."	ith the words "Limi	ited Liability Company," the designation	n "LLC" or the abbreviation		
Enter new principal offices address, if applicable:		4739 Riverside Drive			
(Principal office address MUST BE A STREET ADDRESS)  Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		Estero, Florida 33928			
		4739 Riverside Drive			
		Estero, Florida 33928			
B. If amending the registered agent and registered agent and/or the new registered of			er the name of the new		
Name of New Registered Agent:	N/A		4: 06 STATE ORIDA		
New Registered Office Address:	N/A				
<u> </u>		Enter Florida street address			
		, 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 amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	Name	Address	Type of Action
MGR	Stephanie Miller	15240 Cove Lane	Add
		Fort Myers, FL 33908	Remove
MGRM	Curtis W. Gunder	4739 Riverside Drive	Add
		Estero, FL 33928	Remove
			Add
			Remove
			Add T
		SSEE FLORIO	Remove Remove
		A C	Add
			Remove
			Add
			_ Remove

If an	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	N/A
•	
ed _	June 18 , 2013.
	Signature of a member or authorized representative of a member
	Joshua O. Dorcey
	Typed or printed name of signee

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Filing Fee: \$25.00

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