L13000090299

(Requestor's Name)	
(Address)	300355673763
(Address)	300333073703
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	11/30/2001003093 **25.00
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COVER LETTER

TO: Registration Section

Division of Corporations			
	SOUTH C206, LLC		
SUBJECT:	Name of Limi	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	David J Labovitz		
		Name of Person	
	Labovitz Law Firm, P.A.		
		Firm/Company	
	201 N New York Ave Ste	201	
		Address	
	Winter Park FL 32789		
		City/State and Zip Code	
	david@labolaw.com	to be used for future annual report not	ification)
For further information c	oncerning this matter, please or		,
David J Labovitz		407 970-8633 at ()	
Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for the	ne 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		Street Address:	ection
Registration S Division of C		Registration Se Division of Co	
P.O. Box 632		The Centre of	•
Tallahassee,		2415 N. Monro	be Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HV LINKS SOUTH C206, LLC

(Name of the Limited Liability Compa (A Florida Limited)	ny as it now appears on or Liability Company)	r records.)
The Articles of Organization for this Limited Liability Company Florida document number <u>L13000090298</u> .	were filed on	and assigned and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liah	ility company bere:	
CORESTRONG PARTNERS, LLC		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designati	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1801 PEPPERIDGE D	R
(Principal office address MUST BE A STREET ADDRESS)	ORLANDO FL 32806	
Enter new mailing address, if applicable:	1801 PEPPERIDGE D	R
(Mailing address MAY BE A POST OFFICE BOX)	ORLANDO FL 32806	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records	i, enter the name of the new registe
Name of New Registered Agent:		,
New Registered Office Address:	Enter Florida stre	et address
	City	, Florida Zip Code
New Registered Agent's Signature, if changing Registered Agent;	•	sup Grad
	•	

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
	· · · · · · · · · · · · · · · · · · ·		Dbdd
			□Remove
			□Change
			□Add
			Remove
			□Remove
			□ Change
			□Remove
			□Add
			□Remove
			□Changa.

	ing any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	
	
<u>te:</u> If	date, if other than the date of filing:
cord s s filed	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ed	November 23, 2020. Signature of a member of authorized representative of a member
	David J Labovitz, Esq. Atty-in-FCICT

Filing Fee: \$25.00