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(Re	questor's Name)	
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COVER LETTER

Registration Section Division of Corporations

Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314

TO:

	AR PARTNERS, LLC		
SUBJECT:	Name of Lin	nited Liability Company	
	f Amendment and fee(s) are sub condence concerning this matter		
	RICHARD WASERSTEI	N	
	- 	Name of Person	
		Firm/Company	
	1124 KANE CONCOURS		2017 AUG SLUKUTA ALLAHAS
	BAY HARBOR ISLAND	Address S, FL 33154	SSE = S
	CLAUDIA@CLOSINGS.C	City/State and Zip Code COM (to be used for future annual report notif	8: =
For further information	concerning this matter, please e	rall:	ication) Ξ_{+} Σ_{0}
RICHARD WASERST	EIN	305 861-8000 at ()	
Name	of Person		: 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)
	LING ADDRESS: tration Section	STREET/COURING Registration Section	

Division of Corporations Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CORAMAR PARTNERS, LLC		
(<u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now appears on our re ted Liability Company)	cords.)
The Articles of Organization for this Limited Liability Comparing the Florida document number 1.13000131581	any were filed on 09/17/2013	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited I	liability company here:	
The new name must be distinguishable and contain the words "Limited L	iability Company," the designation	i
Enter new principal offices address, if applicable:		2011 Vic
Principal office address MUST BE A STREET ADDRESS	2	2
		(S) -
		ma m
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
	<u> </u>	<u> </u>
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		ords, enter the name of the
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street ad	ldress
		, 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 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>	Name	Address	Type of Action
AMBR	CORAMAR INVESTMENT, INC.	15923 BISCAYNE BLVD	□ Add
		SUITE 212	□ Remove
		N MIAMI BEACH, FL 33160	■ Change
			Add
			Remove
			☐ Change
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ffective date, if other than the date	e of filing:			_ (optional)	
an effective date is listed, the date must be some: If the date inserted in this block of	pecific and cannot	be prior to date of the applicable statu	iling or more than 90 cory filing requireme	lays after filing.) Pur	suant to 605.0207 not be listed as
ocument's effective date on the Depart	ment of State's	records.			
e record specifies a delayed eff The 90th day after the record		but not an effe	ective time, at 1	2:01 a.m. on t	he earlier of
ated	, 201	7 / 6	/		
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	10	Leve	2		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00