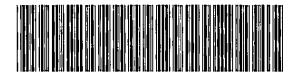
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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

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COVER LETTER

Division of Co			
Passerelle SUBJECT:	Partners LLC		
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspondence	ondence concerning this matter	to the following:	
	Fernando J Pou		
		Name of Person	
	Passerelle Partners LLC		
		Firm/Company	
	600 Brickell Ave Suite 312	25	
		Address	
	Miami FL 33131	Name of Person tners LLC Firm/Company Ave Suite 3125 Address 31	
			· · · · · · · · · · · · · · · · · · ·
	fpou@passerelle-partners.co		
		·	ication)
For further information of	concerning this matter, please ca	di:	
Fernando J Pou			
Name o	f Person		Telephone Number
Enclosed is a check for the	he following amount:		
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status &

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

Passerelle Partners LLC		
(<u>Name of the Limited Liability Cor</u> (A Florida Limit	npany as it now appears on our records.) ted Liability Company)	
he Articles of Organization for this Limited Liability Compa	any were filed on Dec 19, 2013	and assigned
lorida document number L13000174703		-
his amendment is submitted to amend the following:		
If amending name, enter the new name of the limited li	iability company here:	
he new name must be distinguishable and contain the words "Limited Li	iability Company," the designation "LLC" or	the abbreviation "L.L.C."
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS		·
		36 V.
		0C.
inter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		CON CONTRACT
		5 5
		- 33
 If amending the registered agent and/or registered egistered agent and/or the new registered office address h 		nter the name of the
Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·	
New Registered Office Address:		
	Enter Florida street address	
	, Florid	
	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>	<u>Name</u>	Address	Type of Action
MGR	Victoria N Mayer	600 Brickell Ave Suite 3125 Miami FL 33131	
			□ Remove
			Change
			□ Rcmove
			□ Change
			D Add
			☐ Remove
			Change
			Add
			□ Remove
			□ Change
			
			Remove
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				£-	N. Long
					
					
Effective date, if other than the date of fi fan effective date is listed, the date must be specific Note: If the date inserted in this block does no document's effective date on the Department	and cannot be prior to tot meet the applica	o date of filing or mor ble statutory filing i	(optional) e than 90 days after filing equirements, this date	2.) Pursuant to 0	505.0207 isted as
e record specifies a delayed effectiv The 90th day after the record is file	e date, but not ed.	an effective tin	ne, at 12:01 a.m.	on the ear	rlier of
Dated 7 19 18	Ta.	<u> </u>			
X	V/11/11_				
Signature o	of a member or author	ized representative of	a member		

Page 3 of 3

Filing Fee: \$25.00