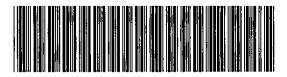
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COVER LETTER

TO: Registrati Division o				
SUBJECT: SO	uza	Partners, LL	C	
SUBJECT:				·
The enclosed Articl	les of Am	endment and fee(s) are sub-	mitted for filing.	
Please return all con	rresponde	nce concerning this matter	to the following:	
		Kenneth So	·	
		Souza Partn		
		Souza Farti		
		8569 Serena	_	
			Address	
		Boynton Bea	ach, FL 3347	3
			City/State and Zip Code	
	<u> </u>			ort notification)
For further informa	tion conc	erning this matter, please ca	all:	
Ken Sou	Renneth Souza Name of Limited Liability Company Renneth Souza Name of Person Souza Partners, LLC Firm/Company 8569 Serena Creek Ave Address Boynton Beach, FL 33473 City/State and Zip Code mb.kosouza@yahoo.com E-mail address: (to be used for future annual report notification) Ther information concerning this matter, please call: n Souza Name of Person at 517, 204-0896 Daytime Telephone Number			
N	lame of Pe	rson	Area Code	Daytime Telephone Number
Enclosed is a check	for the fo	ollowing amount:		
■ \$25.00 Filing F		☐ \$30.00 Filing Fee &	Certified Copy	Certificate of Status & Certified Copy
R D	egistratio	n Section f Corporations	Registration Division of	Section Corporations

Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L14000052658</u>	were filed on March 31, 2014	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and end with the words "Limited Liab	ility Company," the designation "LLC" or the ab	obreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	fice address on our records, <u>enter t</u> e:	the name of the nev
		: ::
Name of New Registered Agent:		<u> </u>
New Registered Office Address:		22
	Enter Florida street address, Florida	- -,
	, Florida	<u> </u>
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		en e
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p	performance of my duties, and I am fa	amiliar with and

If Changing Registered Agent, Signature of New Registered Agent

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 Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member Title Name **Address Type of Action** Travis Souza 5452 Richmond Ave MGR □ Add Dallas, TX 75206 Remove Morgan Souza 5452 Richmond Ave MGR □ Add Dallas, TX 75206 ■ Remove ☐ Remove □ Remove _____

Remove

D,	If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	
•	Effective date, if other than the date of filing:
	Dated July 18 , 2014
	Signature of a member or authorized representative of a member
	Kenneth O. Souza

Page 3 of 3

Filing Fee: \$25.00