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(Requestor's Name)	_
(Address)	
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(City/State/Zip/Phone #)	_
<u>_</u>	
PICK-UP WAIT MAIL	
(Business Entity Name)	_
(Business Emity Name)	
(Document Number)	
Certified Copies Certificates of Status	_
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Special Instructions to Filing Officer.	-
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COVER LETTER

Division of Cor					
SUBJECT: <u>PQY</u>	Ner5 D LL Name of Lim	nited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspo	ndence concerning this matter	to the following:			
	Beth	ALTON Name of Person			
	Partners	5 D LLC Firm/Company	·- <u>-</u>		
	3202 SV	<u>U 515± 55.</u> Address			
	Fort Laud	erdale FL 35	3312		
	POTTYCTSI E-mail address: (to be used for future annual report notifi			
For further information co	oncerning this matter, please c	all:	20 m		
Beth Att	Person	at (50) 23-3 Area Code Daytime	Telephone Number		
Enclosed is a check for th	e following amount:				
\$25,00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fcc & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fcc, Certificate of Status & Certified Copy (additional copy is enclosed)		
Mailing Address Registration S	Section	Street Address: Registration Sec			
Division of Corporations		Division of Corp			
P.O. Box 632 Tallahassee, F		The Centre of Tallahassee 2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PARTNERS IT	o uc
Name of the Limited Liabil (A Florid	lity Company as it now appears on our records.) la Limited Liability Company)
The Articles of Organization for this Limited Liability (Florida document number <u>LIHOOCIG 80</u>	Company were filed on $5 8 2017$ and assigned 43
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lim	nited liability company here:
The new name must be distinguishable and contain the words "Lir	nited Liability Company," the designation "L.L.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADD	RESS)
	20
Enter new mailing address, if applicable:	ਜ਼ਰੂ
(Mailing address MAY BE A POST OFFICE BOX)	- <u></u> ω
	: :::
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	ed office address on our records, enter the name of the new reg
Name of New Registered Agent:	
New Registered Office Address:	
	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 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

Page 2 of 3

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Tective d	ate, if other than date is listed, the date	the date of fili	ng:		(optional)	
ote: If the	date is listed, the date date inserted in thi effective date on th	is block does not	t meet the applic	able statutory fil	more than 90 days ing requirement	s after filing.) Purs s, this date will i	uant to 605,020 not be listed a
cument's							
record	specifies a dela h day after the			t an effective	time, at 12:	01 a.m. on t	he earlier o
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e record :	h day after the	record is filed	d. ,			01 a.m. on t	

Page 3 of 3

Filing Fee: \$25.00

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
AMBR	Gilles Eggan	3202 SW 51 St.	□Add
		Fort Lauderdale, FL	🗆 Remove
		33312	©Change
			□Add
			□Remove
			□Change
			DAdd
			Remove
			Change
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