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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	<u>. </u>
Certified Copies	Certificates	s of Status
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Special Instructions to	Filing Officer:	
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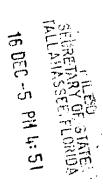
Office Use Only



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DEC 0 6 2016 S. YOUNG



COVER LETTER

Division of Con			
MJM H3 P SUBJECT:	artners, LLC		
SUBJECT.	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing	
		_	
riease return all correspo	ondence concerning this matter	to the following:	
	Dr. Michael J. Hirsch		
		Name of Person	
		Firm/Company	
	620 N. Wymore Road, Sui	te 260	16 DEC -5 PM 4:51
		Address	
	Maitland, FL 32751		5 P
		City/State and Zip Code	
	jackie@crowneatlantic.com	to be used for future annual report notific	cation)
For further information of	concerning this matter, please ca	-	outon)
Jackie Hirsch	,,	407 478-4101	
Name o	of Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for t	he 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)
	ING ADDRESS:	STREET/COURIE Registration Section	

Registration Section Division of Corporations P.O. Box 6327 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

ompany as it now appears on our reconted Liability Company)	ords.)
pany were filed on $\frac{2/10/2015}{}$	and assigned
liability company here:	
Liability Company," the designation "L	LC" or the abbreviation "L.L.C."
	<u> </u>
<u>s)</u>	一
	2 . F
	—— ·
ed office address on our reco	ords, enter the name of the new
Enter Florida street add	dress
	Florido
City	Florida Zip Code
	Liability Company here: Liability Company," the designation "L S) ed office address on our reco

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
MGR	Jacqueline Hirsch	620 N Wymore Road, Suite 260	■ Add
		Maitland, FL 32751	Remove
			Change
AMBR Lee Ossin	Lee Ossin	620 N Wymore Road, Suite 260	= Add
		Maitland, FL 32751	□ Remove
			Change
AMBR Archie Ossin	Archie Ossin	620 N Wymore Road, Suite 260	ىن چې الله Add چې رى
		Maitland, Fl 32751	O Remove
			Change To
			Change To
			□ Remove
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			🗖 Remove
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			Add
		 	□ Remove
			Change

D. If ame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an effe <u>Note:</u>	ve date, if other than the date of filing: December 1, 2016 (optional) ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ent's effective date on the Department of State's records.
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	,,
	Multh 2
	Signature of a member or authorized representative of a member
	Michael J. Hirsch
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00