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(Re	equestor's Name)	_
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PICK-UP	WAIT MAIL	
(Bu	usiness Entity Name)	_
(Do	ocument Number)	_
Certified Copies	Certificates of Status	_
Special Instructions to	Filing Officer:	

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## **COVER LETTER**

TO: Registration Sec Division of Corp			
SUBJECT: SMAY	CCYOND Realt Name of Lim	Y Partners LLC ited Liability Company	
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	Todd_r	Name of Person	
		Firm/Company	
	200 SW 15+	AVI St. 1260 Address	<u> </u>
	Fort Land	erdale, fl 3331 City/State and Zip Code	<u> </u>
	+billings	Sharverowd. Cobe used for future annual report notif	<u>o m</u>
For further information con	ncerning this matter, please ca	alt:	
TOdd BI	Lings Person JS	at (954) 3 (c) Area Code Daytime	7 5797 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

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

The Articles of Organization for this Limited Liability Company were filed on 2/19/2015 and assigned Florida document number 1500031496.
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."
Enter new principal offices address, if applicable: 200 SW 15+ AVI, Ste 1200
(Principal office address MUST BE A STREET ADDRESS) FORT LANGLY dall, FL 33301
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  Enter new mailing address, if applicable:  200 SW 1 <sup>3+</sup> AVL, Ste 1246  FOR 1 Lauderdau, F1 33301
B. If amending the registered agent and/or registered office address on our records, enter the name of the ne registered agent and/or the new registered office address here:
Name of New Registered Agent: Todd Billings
New Registered Office Address: 200 SW 15+ AVC, S+C 12 (20) = Finer Florida street address
Fort Lauderdale Florida 250   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, <u>enter the title</u>, <u>name</u>, <u>and address of each person being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Aunter Frzystaetter	200 SW 1St AV1, Ste 120	O O Add
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Filing Fee: \$25.00