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K. SALY OCT 18 2016

COVER LETTER

TO: Registration Section Division of Corporation			
SUBJECT:	E 610ba1 Name of Lim	Partners LCC ited Liability Company	-
The enclosed Articles of Am	endment and fee(s) are sub	mitted for filing.	
Please return all corresponde	ence concerning this matter	to the following:	
	T=ric 5	Fdwards Name of Person	
		Firm/Company	
	3962 Rec	reation Lane	
	Naples	City/State and Zip Code Company 1. Company	(5)
-	efeduads E-mail address: (1	to be used for future annual report notifica	ation)
For further information conce	erning this matter, please ca	atl:	
Ecic Felward Name of Per	S rson	at (239) 877 - Area Code Daytime T	3958 Telephone Number
Enclosed is a check for the for	ollowing amount:		
□ \$25.00 Filing Fee E	330.00 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)

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 ARTICLES OF ORGANIZATION

2016 OCT 17 AM 10: 26 The Articles of Organization for this Limited Liability Company were filed on Florida document number 47-3836663 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "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 office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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 = M $AMBR = A$	Ianager Authorized Memb	er				
<u>Title</u>	<u>Name</u>		Address			Type of Action
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Filing Fee: \$25.00