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COVER LETTER

SUBJECT: TENDY PARTNERS, LLC Name of Limited Liability Company The enclosed Articles of Amendment and feets) are submitted for filling. Please return all correspondence concerning this matter to the following: SUZANNA BORST Name of Person TENDY PARTNERS LLC Firm/Company TS_N_WOODWARD ANE_#F \$0.000 Address TALLAHASSEE_FL_33333 City/State and Zip Code SUZANNA BORST Name of Person For further information concerning this matter, please call: SUZANNA BORST Name of Person at	TO: Registration Section Division of Corporations		
The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: SUZANNA BORST Name of Person TEND PARTNERS LLC Firm/Company 75 N WOODWARD ANE, #F 80240 Address TALLAHASSEE, FL 38.333 City/State and Zip Code SUZANNA TEND PART NERS. CDM E-mail address. (td be used for future annual report notification) For further information concerning this matter, please call: SUZANNA BORST Name of Person at (SUBJECT: TENIAH PARTNERS	116	
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SUZANNA BORST Name of Person TEND4 PARTNERS LLC Firm/Company 75 N WOODWARD ANE, ## 80240 Address TALL AHASSEE, FL 32.3.13 City/State and Zip Code SUZANNA TEND4 PART NEPS. COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: SUZANNA BORST Name of Person at (1) 917-447-917D Area Code Daytime Telephone Number Enclosed is a check for the following amount: S25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) ALEADY PAID PLEASE SEE ATTICHED MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Cition Building	The enclosed Articles of Amendment and fee(s) are sub-	mitted for filing.	
TEND4 PARTNERS LC Firm/Company 75 N WOODWARD ANE, #F 80240 Address TALLAHASSEE FL 32313 City/State and Zip Code SUZANNA CTEND4 PARTNERS COM Bi-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: SUZANNA FORST at () 917-447-917D Area Code Daytime Telephone Number Enclosed is a check for the following amount: S25.00 Filing Fee S30.00 Filing Fee & Certificate of Status Certificate of Status Certificate of Status Certificate Copy (additional copy is enclosed) **READY PAID PLEASE SEE ATTRIBED MAILING ADDRESS: Registration Section Registration Section Significant Section S	Please return all correspondence concerning this matter	to the following:	
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Tallahassee, FL 32301	P.O. Box 6327	Clitton Building	. (Y)
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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

City	Zıp Code
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New Registered Agent's Signature, if changing Registered Agent:

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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:

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