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COVER LETTER

TO:	Registration Se Division of Cor			
eud ie		agement Partners, LLC	Name of Limited Liability Company ment and fee(s) are submitted for filing. concerning this matter to the following: d Congleton Name of Person d Congleton CPA, Inc. Firm/Company fo W. Co. Hwy. 30A #214 Address ata Rosa Beach, FL 32459 City/State and Zip Code a@cpaon30a.com E-mail address: (to be used for future annual report notification) ng this matter, please call: at (
SUBJE	.cr:	Name of Lim	nited Liability Company	.
The en	closed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please	return all correspo	ondence concerning this matter	to the following:	
		Brad Congleton		
			Name of Person	· · · · · · · · · · · · · · · · · · ·
		Brad Congleton CPA, Inc.		
			Firm/Company	
		2050 W. Co. Hwy. 30A #2	Address City/State and Zip Code aon30a.com E-mail address: (to be used for future annual report notification) is matter, please call: 850 Area Code Area Code Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	
			Address	
		Santa Rosa Beach, FL 324	459	
			City/State and Zip Code	<u></u>
		erika@epaon30a.com	to be seed for future annual remark notifi	(milan)
For fur	ther information c	oncerning this matter, please c	·	Cation
Brad C	Congleton		· ·	
	Name o	f Person		Telephone Number
Enclos	ed is a check for tl	he following amount:		
\$2:	5.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status &

MAILING ADDRESS:

TO:

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

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A & L Management Partners, LLC

(Name of the Limited Liability Company as it now appears on our records.
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company	were filed on December 1, 2016	and assigned
Florida document number L16000217878		
This amendment is submitted to amend the following:		
This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Designers Resource Studio, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Conter new principal offices address, if applicable: Principal office address MUST BE A STREET ADDRESS) Conter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX) 3. If amending the registered agent and/or registered office address on our records, enter the name of the new egistered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address		
brida document number L16000217878 its amendment is submitted to amend the following: If amending name, enter the new name of the limited liability company here: Its amendment is submitted to amend the following: If amending name, enter the new name of the limited liability company here: Its signers Resource Studio, LLC It is new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." It is new principal offices address, if applicable: Inter new mailing address, if applicable: It amending the registered agent and/or registered office address on our records, enter the name of the new gistered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address		
The new name must be distinguishable and contain the words "Limited Liabili	and document number L16000217878 mendment is submitted to amend the following: amending name, enter the new name of the limited liability company here: ters Resource Studio, LLC ters Resource Studio, LLC ters and must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." new principal offices address, if applicable: tipal office address MUST BE A STREET ADDRESS) new mailing address, if applicable: Inguitable and address if applicable: Inguitable and address MAY BE A POST OFFICE BOX) amending the registered agent and/or registered office address on our records, enter the name of the new ered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address	
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
	N	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here		ater the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	rincipal offices address, if applicable: fice address MUST BE A STREET ADDRESS) railing address, if applicable: ress MAY BE A POST OFFICE BOX) ding the registered agent and/or registered office address on our records, enter the name of the new tent and/or the new registered office address here: res of New Registered Agent: registered Office Address:	
	, Florida	a
		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, enter the title, name, and address of each person_being added FILED

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Address SECRETARY OF STATE
TALL MINSSEE, FLORIDA or removed from our records: MGR = Manager AMBR = Authorized Member **Title** <u>Name</u> **Type of Action** □ Add □ Remove _□ Change □ Add □ Remove ☐ Change _□ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add □ Remove ☐ Change □ Add ☐ Remove _□ Change

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n effective date is listed, the date π ote: If the date inserted in this	nust be specific and cannot be prior	to date of filing or more than 9	O days after filing.) Pursuant to	605.0207
cument's effective date on the			ments, this date will not be	iisicu as
record specifies a delay	ed effective date, but no	ot an effective time, at	12:01 a.m. on the ea	rlier of
The 90th day after the re		,		.,
January 1	2018	·		
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	KIMML			
	Signature of a member or auth	orized representative of a mem	ber	-
	1			
Amanda Kramer				

Page 3 of 3

Filing Fee: \$25.00