## 17000102536

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## **COVER LETTER**

	istration Sectision of Corp			
~110 tr c**		D PARTNERS - 2928 BANCI	ROFT LLC	
SUBJECT:		Name of Limi	ted Liability Company	
The enclosed	l Articles of A	mendment and fee(s) are subr	nitted for filing.	
Please return	all correspon	dence concerning this matter t	o the following:	
		Augusto Saban		
			Name of Person	
			Firm/Company	
		59 Sassafras Circle		
		Thornhill ON L4J8M7	Address	
			City/State and Zip Code	<u></u>
		amsaban@gmail.com E-mail address: (t	o be used for future annual report noti	fication)
For further i	nformation co	ncerning this matter, please ca	II:	
Augusto Sal	oan		416 409 5297 at ()	
	Name of	Person	Area Code Daytim	e Telephone Number
Enclosed is	a check for the	following amount:		
■ \$25.00 B	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)

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

SABAN AND PARTNERS - 2928 BANCROFT LI	
(Name of the Limited Liability Com (A Florida Limite	pany as it now appears on our records.) d Liability Company)
The Articles of Organization for this Limited Liability Compar Florida document number $\frac{1.17000102536}{1.17000102536}$	ny were filed on 05/10/2017 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lia	ability company here:
The new name must be distinguishable and contain the words "Limited Lia Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)	bility Company," the designation "LLC" or the abbreviation "L.L.©"  SOCIATION  SOCIATION
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	PH 1: 199
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h	office address on our records, <u>enter the name of the new</u> ere:
Name of New Registered Agent: Joel  New Registered Office Address: 2863  Wes	Friend and Associates  Executive Park Drive \$ 105  Enter Florida street address  Florida 33331

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>	<u>Name</u>	Address	Type of Action
MGR	SABAN, DANNA	59 SASSAFRAS CIRCLE	
		THORNHILL, ON L4J8M7	☐ Remove
		CANADA	■ Change
MGR	SABAN, PATRICIA	59 SASSAFRAS CIRCLE	
		THORNHILL, ON L4J8M7	
		CANADA	
			Add
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fective date, if other than the date of filing:	(optional)	to 605 020
te: If the date inserted in this block does not meet the applicable statute	ory filing requirements, this date will not	be listed a
cument's effective date on the Department of State's records.		
record specifies a delayed effective date, but not an effe	ective time, at 12:01 a.m. on the	earlier (
The 90th day after the record is filed.		
ted May 23		
ted		
Signature of a plember or authorized repre-	esentative of a member	
I		

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Filing Fee: \$25.00