

L17000/90803

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(Requestor's Name)

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(Address)

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(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

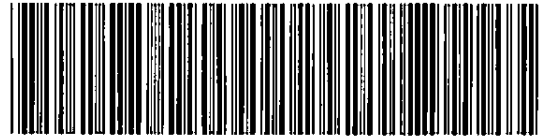
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

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TALLAHASSEE, FLORIDA

K SALY  
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**CORPORATE  
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**WALK IN**

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- ☐ **CERTIFIED COPY** \_\_\_\_\_
- XX** **PHOTOCOPY** \_\_\_\_\_
- ☐ **CUS** \_\_\_\_\_
- XX** **FILING** AMEND \_\_\_\_\_

1. **BANIAN PARTNERS LLC**  
(CORPORATE NAME AND DOCUMENT #)
2. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
3. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
4. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
5. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
6. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

**SPECIAL  
INSTRUCTIONS:**

\_\_\_\_\_  
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**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

Banian Partners LLC

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

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The Articles of Organization for this Limited Liability Company were filed on 09-12-2017 and assigned  
Florida document number L17000190803.

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 "L.L.C."

**Enter new principal offices address, if applicable:**

**(Principal office address MUST BE A STREET ADDRESS)**

1110 Pine Ridge Road, Suite 201

Naples, FL 34108

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

1110 Pine Ridge Road, Suite 201

Naples, FL 34108

**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:

Jeff Novatt, Esq.

New Registered Office Address:

1415 Panther Lane, Suite 327

*Enter Florida street address*

Naples

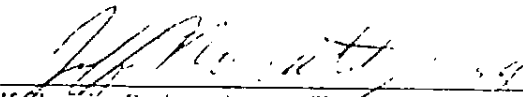
Florida 34109

*City*

*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.*

  
Jeff Novatt, Esq.  
**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>        | <u>Address</u>                   | <u>Type of Action</u>                      |
|--------------|--------------------|----------------------------------|--|
| MGR          | Eva Rinderer       | 9128 Strada Place #10115         | <input type="checkbox"/> Add               |
|              |                    | Naples, FL 34108                 | <input checked="" type="checkbox"/> Remove |
|              |                    |                                  | <input type="checkbox"/> Change            |
| MGR          | Ekaterina McNamara | 3550 Galt Ocean Drive, Apt. 1410 | <input checked="" type="checkbox"/> Add    |
|              |                    | Fort Lauderdale, FL 33308        | <input type="checkbox"/> Remove            |
|              |                    |                                  | <input type="checkbox"/> Change            |
|              |                    |                                  | <input type="checkbox"/> Add               |
|              |                    |                                  | <input type="checkbox"/> Remove            |
|              |                    |                                  | <input type="checkbox"/> Change            |
|              |                    |                                  | <input type="checkbox"/> Add               |
|              |                    |                                  | <input type="checkbox"/> Remove            |
|              |                    |                                  | <input type="checkbox"/> Change            |
|              |                    |                                  | <input type="checkbox"/> Add               |
|              |                    |                                  | <input type="checkbox"/> Remove            |
|              |                    |                                  | <input type="checkbox"/> Change            |

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

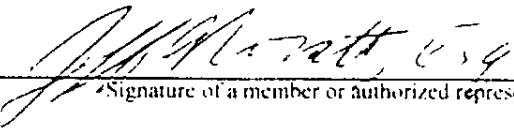
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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)  
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)  
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:  
(b) The 90th day after the record is filed.

Dated November 14, 2017

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

Jeff Novatt, Esq., Authorized Representative  
\_\_\_\_\_  
Typed or printed name of signer