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## **COVER LETTER**

Division of Co	orporations					
Builders I SUBJECT:	Partner, LLC					
SUBJEC1:	Name of Limite	ed Liability Company				
The enclosed Articles o	f Amendment and fee(s) are subm	itted for filing.				
Please return all corresp	ondence concerning this matter to	the following:				
	Joanna Schwartz					
	-	Name of Person				
	Builders Partner / Quartz Properties Management					
Firm/Company						
	275 Grove Street Suite 2-40	0				
		Address				
	Auburndale, MA 02466					
	<del></del>	City/State and Zip Code				
	Joanna@builderspartner.com					
	E-mail address; (to	be used for future annual report notifi-	eation)			
For further information	concerning this matter, please call	<b>:</b>				
Joanna Schwartz		305 753-5639				
Name	of Person		Telephone Number			
Enclosed is a check for	the following amount:					
□ \$25.00 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

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

Builders Partner, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) <sup>1</sup> The Articles of Organization for this Limited Liability Company were filed on October 10, 2017 and assigned Florida document number <u>L17000209534</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Quartz Properties Management, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC," 9 275 Grove Street Enter new principal offices address, if applicable: Suite 2-400 (Principal office address MUST BE A STREET ADDRESS) Auburndale, MA 02466 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 , Florida

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
AP	Joanna Schwartz	275 Grove Street Suite 2-400 Auburndale, MA 02466	<b>=</b> Add
			□ Remove
			Change
AP	David Roover	275 Grove Street Suite 2-400 Auburndale, MA 02466	Add
			Remove
			Change
			□ Add
			□ Remove
			Change
			Remove
			Change
			□ Remove
			Change
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			☐ Remove
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	st be specific and cannot be prior to date o lock does not meet the applicable stat		filing.) Pursuant to 605.01
record specifies a delaye The 90th day after the rec	d effective date, but not an elector of the contract of the co	ffective time, at 12:01 a	.m. on the earlier
July 30 ted	2019		
	•		
1 8317	Signature of a member or authorized re		

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Filing Fee: \$25.00