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| PICK-UP | |] WAIT | [| □ маі | L |
| (B | usines | s Entity Na | me) | _ | |
| (D | ocume | nt Number |) | | |
| Certified Copies | _ | Certificate | s of St | atus | . <u></u> |
| Special Instructions to | Filing | Officer: | _ | _ | |
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COVER LETTER

| TO: Registration Se Division of Cor | | | |
|--|--|---|---|
| | ERS UNITED LLC | | |
| SUBJECT: | Name of Lim | ited Liability Company | · · · · · · · · · · · · · · · · · · · |
| The enclosed Articles of | Amendment and fee(s) are sub | omitted for filing. | |
| Please return all correspo | ondence concerning this matter | to the following: | |
| | KENNETH T CHARLES | | |
| | | Name of Person | |
| | II PARTNERS UNITED I | LLC | |
| | | Firm/Company | |
| | 8681 SW 65th Terrace | | |
| | · · · · · · · · · · · · · · · · · · · | Address | . |
| | Ocala / Fl 34476 | | |
| | | City/State and Zip Code | |
| | E-mail address: (| to be used for future annual report not | ification) |
| For further information c | oncerning this matter, please c | all: | |
| Kenneth Charles | | 352 355-0760 at () | |
| Name o | f Person | Area Code Daytin | ne Telephone Number |
| Enclosed is a check for the | he 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 Addres Registration S | | <u>Street Address:</u> Registration Se | ection |
| Division of C | | Division of Co | |
| P.O. Box 632 | | The Centre of | |
| Tallahassee, | FL 32314 | 2415 N. Monro | pe Street, Suite 810 |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| II PARTNERS UNITED LLC | | |
|---|---|-----------------------------------|
| (<u>Name of the Limited Liability C</u> (A Florida Lim | ompany as it now appears on our rec nited Liability Company) | ords.) |
| The Articles of Organization for this Limited Liability Com | pany were filed on 12/04/2017 | and assigned |
| Florida document number L17000249300 | | |
| 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 "I | LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | |
| Principal office address MUST BE A STREET ADDRES | <u>SS</u> 2 | |
| | | |
| | | ्र है ज |
| Enter new mailing address, if applicable: | | |
| Mailing address MAY BE A POST OFFICE BOX) | | 5 p TI |
| | · · · · · · · · · · · · · · · · · · · | 33 2 |
| | | · 06 |
| B. If amending the registered agent and/or registered of agent and/or the new registered office address here: | Tice address on our records, <u>en</u> | ter the name of the new registere |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| | Enter Florida street ad | dress |
| | City | Florida Zip Code |
| | Cuy | <i>гар Соае</i> |

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 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> | Type of Action |
|--------------|---------------------|----------------------|----------------|
| AMBR | JOHN A PAGLIA | 10060 SW 94TH COURT | □Add |
| | | OCALA, FL 34481 | ■Remove |
| | | | □ Change |
| AMBR | DOROTHY ANN CHARLES | 8681 SW 65th TERRACE | = Add |
| | | OCALA, FL 34476 | □Remove |
| | | | □Change |
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| ote: | te date, if other than the date of filing: |
| ecord is file | 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 d. |
| ited_ | SEVENTH DAY OF DECEMBER 2020 |
| | Kennoth T. Charles AMBR II Partnew United (|
| | KENNETH T CHARLES |
| | |

Filing Fee: \$25.00 \ #2/100 41010