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JUEGGET ANSIZOR

## **COVER LETTER**

TO: Registration Sec Division of Corp			
SUBJECT:	emar Partne	YS LLC ited Liability Company	····
	Nume (A 12m)	near macinity conquary	
The enclosed Articles of A	amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	<u>Barri</u>	4 L. Simons Name of Person	
	Law Office of	of Barry L. Simo	ns, P.A.
	9100 S. Da	deland Blvd., Si	vite 400
	Miami, f	L 33156 City/State and Zip Code	
	barry o bar	rusimons. com to be used for future annual report notifi	cation)
For further information co	ncerning this matter, please co	all:	
Barry L. Sin	nons, Esq.	at ( <u>305</u> ) 670 – Area Code Daytime	7020 Telephone Number
Enclosed is a check for the	: following amount:		
□ \$25.00 Filing Fee	S30.00 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:

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

_ Themar Partners LLC	ny acit non unpour op our record.	
(Name of the Limited Liability Compa (A Florida Limited	Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L17000255020</u> .	were filed on 12 13 2017	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "ELC" or the	abbreviation "L.IC."
Enter new principal offices address, if applicable:	17950 SW 216	Street
(Principal office address MUST BE A STREET ADDRESS)	HOMESTELLU, FL 3	3170
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	17950 SW 216 Homestead, FL	Street 33170
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her	· · · · · · · · · · · · · · · · · · ·	r the name of the new
Name of New Registered Agent:		771
New Registered Office Address:	P. P. W. L. W. L.	
	Enter Florida street address	- 1
	Florida _ 	Zip Code O

## 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
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