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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

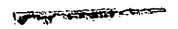
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SECRETARY OF STATE



MEN ZEDER

COVER LETTER

	_	CO TER DETTER	
TO: Registration Division of C	Section orporations		
SUBJECT:	Partnershi	PLLC	
	Name of Li	mited Liability Company	
The enclosed Articles of	f Amendment and fcc(s) are su	ibmitted for filing.	
	ondence concerning this matte		
	Jorge M	artuiez	
	RJ PAR	Name of Person ALYSUD LL (Print/Company	7
	45/23)4	1 Pl. SW	
	Naples, K	Address	
	Gym, marti	City/State-and Zip Code 1 C 2 MOHMALL C (to be u) od for future annual report note	OM
For further information c	oncerning this matter, please c	=	ncation)
JAJY Mar Name o	TMC2	at (239) 25° Area Code Daytime	5-96/6 Telephone Number
Enclosed is a check for th	ne following amount:		
S25.00 Filing Fee	CD \$30,00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	El \$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

ed Biability Company as It now appears on our records.) (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on ______ and assigned Florida document number 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) 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 registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:

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

MGR = Ma AMBR = Au	nager thorized Member		
Title	Name	Address	Type of Action
AMBR	Rone Martinez	53) 25th St Sw Naples, Pl. 34117	El Add
·		-	□ Change
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If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added

or removed from our records:



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	7. 2
	ORID HATE
fective date, if other than the date of filing: In effective date is listed, the date must be specific and cannot be prior to date of filing of the: If the date inserted in this block does not meet the applicable statutory figurement's effective date on the Department of State's records.	(optional) or more than 90 days after filing.) Pursuant to 605. Hing requirements, this date will not be liste
record specifies a delayed effective date, but not an effective filed.	e time, at 12:01 a.m. on the earlie
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Page 3 of 3

Filing Fee: \$25.00