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### **COVER LETTER**

	ALENE PARTNERS LLC			
	Name of Lin	nited 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:		
	KEVIN BRADY			
		Name of Person		
	COEUR D'ALENE PART	'NERS LLC		
		Firm-Company		
	TITLE SUNRISE BLVD	#704		
	Address			
	FT LAUDERDALE, FL 33304  City/State and Zip Code  KEVINBRADY@HOTMAIL.COM			
	E-mail address: (	to be used for future annual report notif	ication)	
For further information c	oncerning this matter, please c	all:		
KEVIN BRADY		305 606-3148		
Name c	of Person	at () Area Code — Daytime	: Telephone Number	
Enclosed is a check for t	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 ADDRESS:

TO:

Registration Section Division of Corporations

> 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

#### COEUR D'ALENE PARTNERS LLC

(Name of the Limited Liability 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  $\frac{05/23/2018}{1}$ \_\_\_\_ and assigned Florida document number \_\_\_\_\_1,18000128801 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 "LLC." 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 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 Cav

#### 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>	<u>Address</u>	Type of Action
MGR	SWEENEY, KEVIN S	2598 E SUNRISE BLVD # 210 FT LAUDERDALE FL 33004	
			■ Remove
			Change
MGR BRADY, KEVIN S	BRADY, KEVIN S	1111 E SUNRISE BLVD #704 FT LAUDERDALE FL 33004	■ Add
			□ Remove
			Change
		<u>-</u>	Remove
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			Change

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Note:	tive date, if other than the date of filing:
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier cases and the secord is filed.
	DECEMBER 14 2018
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Filing Fee: \$25.00