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(Req	uestor's Name)	
(Add	recc)	
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(City/	State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Busi	ness Entity Nar	ne)
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Certified Copies	Certificates	s of Status
Special Instructions to Fi	ling Officer:	

Office Use Only



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2022 SEP 19 PM 1:50

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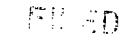
DEC 2 0 2022

COVER LETTER

TO: Registration Division of	n Section Corporations		
	ino Partners, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Article	s of Amendment and fee(s) are sub	mitted for filing.	
Please return all corre	espondence concerning this matter	to the following:	
	Oliver Solorzano		
	4	Name of Person	
	Solorzano	Partners, LLC	
	11786 SW 133rd PL	Firm/Company	
		Address	
	Miami, FL 33186		
City/State and Zip Code			
	oliver@kendallpartnership		
	E-mail address: (to be used for future annual report not	ilication)
For further informati	ion concerning this matter, please c	all:	
Oliver Solorzano		305 965-1808	
No	me of Person	Area Code Daytin	ne Telephone Number
Enclosed is a check	for the following amount:		
\$25.00 Filing Fe	ee \$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 Ac		Street Address: Registration So	ection
•	ion Section of Corporations	Division of Co	
P.O. Box	6327	The Centre of	Tallahassee
Tallahass	see, FL 32314	2415 N. Monro	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**



2022 SEP 19 PH 1:50

Solorzano Partners, LLC			. ••
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	i <mark>ny as it now appear</mark> Liability Company)	s on our records.)	::: S ::- =
he Articles of Organization for this Limited Liability Company lorida document number L18000152004	were filed on	June 20, 2018	and assigned
his amendment is submitted to amend the following:			
. If amending name, enter the new name of the limited liab	ility company he	<u>re</u> :	
Kendall Partnerships, LLC			
he new name must be distinguishable and contain the words "Limited Liabil	lity Company," the de	esignation "LLC" or the	abbreviation "L.L.C."
Inter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDRESS)			
Inter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX)			
			-
3. If amending the registered agent and/or registered office a	address on our re	ecords, <u>enter the na</u>	me of the new regi
gent and/or the new registered office address here:			
Name of New Registered Agent:		<u> </u>	
New Registered Office Address:			
	Enter Florida street address		
	Enter Flor	ica sireer tracer e.i.s	
		, Florida _	Zip Code

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>	Address	Type of Action
AMBR	Katherine Muniz	12485 SW 137Th Ave Suite 212	≣ Add
		Miami, FL 33186	□Remove
			☐ Change
			∐Add
			□Remove
		<u> </u>	Change
			□Add
			□Remove
		-	□Change
			□Add
			□Remove
			Change
			
			□Remove
			□Change
	4		□Add
			Remove
			Characa.

Fective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant of: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not becoment's effective date on the Department of State's records.	
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	iy after the
sted September 6 2022	
Signature of a member or authorized representative of a member	

Filing Fee: \$25.00