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TALLAHASSEE, FLORIDA

## **COVER LETTER**

TO:		ation Sect rof Corpo							
SUBJE		RRY @ JE	RRY PARTNERS, LLC						
., ()	<u> </u>	Name of Limited Liability Company							
The encl	osed Art	icles of Ai	mendment and fee(s) are sub	mitted for filing.					
Please re	eturn all o	correspond	fence concerning this matter	to the following:					
			JERRY SEITER						
				Name of Person					
								18	
				Firm/Company		<del></del>		AUG	
			4236 OAK ARBOR COU	RT			HASSI	)G - 7	
				Address				<u> </u>	
			ROCHESTER, MI 48306				SON.	-7 PM 5:04	
			CHRISTY@GULFBEACH				OA T	₽ P	
For furth	or infor	nation con	E-mail address; ( seerning this matter, please ca	to be used for future annua	al report notific	cation)			
			certaing this matter, prease ca						
JERRY	SEITER			at () _	310-6195				
		Name of P	erson	Area Code	Daytime '	Telephone Number			
Enclosed	l is a che	ck for the	following amount:						
\$25.	00 Filing	ţ Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fet Certified Copy tadditional copy is c		S60.00 Fili Certificate Certified ( (additional c	of Status Topy		
		Registrati	G ADDRESS: ion Section of Corporations	Registr	ET/COURIE ration Section on of Corporat	R ADDRESS:			

P.O. Box 6327 Tallahassee, FL 32314

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JERRY @ JERRY PARTNERS, LLC		
( <u>Name of the Limited Liabil</u> (A Florid	lity Company as it now appears on our records a Limited Liability Company)	<u>s.</u> )
The Articles of Organization for this Limited Liability C Florida document number $\frac{L18000172018}{L18000172018}$	Company were filed on JULY 17, 2018	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	nited liability company here:	
JERRY PARTNERS, LLC		
The new name must be distinguishable and contain the words "Lin	nited 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 ADD)	RESS)	<u>AF</u> 8
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		FILED  JAKE OF STATE  HASSEE, FLORIDA
B. If amending the registered agent and/or registered agent and/or the new registered office add		enter the name of the n
Name of New Registered Agent:		
New Registered Office Address:		· · · · · · · · · · · · · · · · · · ·
	Enter Florida street address	;
		orida
	City	Zip Code

## 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 **Title** <u>Name</u> Address Type of Action □ Add □ Remove \_□ Change □ Add ☐ Remove ☐ Change ☐ Remove ☐ Change □ Add \_□ Remove \_□ Change \_□ Add ☐ Remove

□ Change

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