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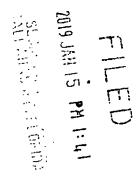
(Requestor's Name)		
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COVER LETTER

Division of Corp	orations		
	Racks an	d Reels, LLC	
SUBJECT:		ited Liability Company	
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	С	ynthia D Partin	
		Name of Person	
		Partin Investments L	LC
		Firm/Company	
		8985 Russo Road	
	· · · · · · · · · · · · · · · · · · ·	Address	
		Ft Pierce, FL 34951	
		City/State and Zip Code	
	partin0861@gmail.com E-mail address: (to be used for future annual report notification)		
			cation)
For further information cor	accerning this matter, please co	all:	
Cynthia	Partin	ar(772) 205-939	0
Name of		at (<u>772</u>) <u>205</u> –939 Area Code Daytime	Telephone Number
Enclosed is a check for the	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

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

Racks and Reels, 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 $\frac{177/19}{}$ and assigned Florida document number 1.19000008893 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Partin Investments, LLC 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

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.

Cirv

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title</u>, <u>name</u>, <u>and address of each person_being added or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member				
<u>Title</u>	Name	Address	Type of Action	
			Remove	
			☐ Change	
			□ Remove	
			Change	
				
		<u> </u>	Remove	
			Change	
			Add	
		·	Remove	
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			□ Remove	
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•	-	ge(s) here: (Attach additional sheets, if necessary.)
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Note: If the date inser	ter than the date of filing: d. the date must be specific and cannot red in this block does not meet the date on the Department of State's	(optional) not be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 the applicable statutory filing requirements, this date will not be listed as s records.
	s a delayed effective date, l ter the record is filed.	, but not an effective time, at 12:01 a.m. on the earlier of
Dated January 14	201	019
Dated	Om Their	D. Partin
	fignature of a member	per or authorized representative of a member
	Cynthia D Parti	zin

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00