L19000233938

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		istration Se sion of Cor						
SUBJEC	ΥТ.	EQUAL M	EASURE PARTNERS, LLC					
SUBJEC	ωli		Name of Lin	nited Liability Company	The state of the s			
The encl	osed	Articles of	Amendment and fee(s) are sub	omitted for filing.				
Please re	turn	all correspo	ndence concerning this matter	to the following:				
			DOUG ZEIF					
				Name of Person				
			EQUAL MEASURE PAR	TNERS				
				Firm/Company				
			6574 N. STATE ROAD 7, SUITE 415					
				Address				
			COCONUT CREEK, FL 33073					
				City/State and Zip Code				
			DZ@EQUALMEASURE.					
				to be used for future annual report notification	on)			
For furth	er in	formation co	oncerning this matter, please c	all:				
DOUG 2	ZEIF			561 302-7491 at ()				
		Name of	Person		ephone Number			
Enclosed	l is a	check for th	e following amount:					
\$25. 0	00 Fi	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			
	Reg Div P.O	ling Address istration S ision of Co . Box 6321 ahassee, F	ection orporations 7	Street Address: Registration Section Division of Corpora The Centre of Talla 2415 N. Monroe Str Tallahassee, FL 323	hassee reet, Suite 810 77 77			

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EQUAL MEASURE PARTNERS, LLC		
(<u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now appears on our re- ted Liability Company)	cords.)
The Articles of Organization for this Limited Liability Comp. Florida document number L19000233938	any were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited l	iability company here:	
The new name must be distinguishable and contain the words "Limited L	iability 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	2	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered offi agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	ce address on our records, <u>en</u>	ter the name of the new registered
New Negistated Office Madress.	Enter Florida street aa	dress
		, Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Age	ent:	
I hereby accept the appointment as registered agent and a provisions of all statutes relative to the proper and complacept the obligations of my position as registered agent being filed to merely reflect a change in the registered off company has been notified in writing of this change.	ete performance of my duties as provided for in Chapter 60	s, and I am familiar with and) 15. F.S. Or, if this document is
		וֹ וֹ
<u>ii.c</u>	hanging Registered Agent, Signatu	

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>	Name	Address	Type of Action
MGR	DOUGLAS ZEIF	6574 N. STATE ROAD 7, SUITE 415	≣Add
		COCONUT CREEK, FL 33073	□Remove
			□Change
AMBR	NEXT! HOSPITALITY ADVISOR	6574 N. STATE ROAD 7, SUITE 415	□Add
		COCONUT CREEK, FL 33073	■Remove
			Change
			□Add
			Remove
			□Add
			Remove
			□Change
			☐ Add ☐ Add ☐ Add ☐ App ☐ Remove
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			-
fective date, if other than the	04/01/2021	(on	tional)
n effective date is listed, the date mu-	at be specific and cannot be prior to date of filing ook does not meet the applicable statutory	or more than 90 days aft	er filing.) Pursuant to 605.020
cument's effective date on the D		ming requirements, ti	ms date with not be fisted t
	e date, but not an effective time, at 12:01 a.	m, on the earlier of:	(b) The 90th day after th
s filed.			
	2021		
APRIL 2		4	~ O
ted APRIL 2		·/	1021
ted	nlex 6.2		OZI AF
ted APRIL 2	Signature of a thember or authorized represents	tive of a member	
DOUGLAS G. ZEIF	Signature of a thember or authorized represents	ative of a member	021 AFR 21 F

Filing Fee: \$25.00