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COVER LETTER

TO:

Registration Section Division of Corporations

STOURBE SUBJECT:	RIDGE CAPITAL PARTNERS	SILC		
SUBJECT:	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:		
	Leonardo Heidner			
		Name of Person		
	Heidner Law Firm, P.C.			
		Firm/Company		
	60E 42nd Street			
		Address		
	New York, N.Y. 10165			
		City/State and Zip Code		22
	leo@heidnerlaw.com			38
	E-mail address: (to be used for future annual report no	tification)	22 SEP 21
For further information c	concerning this matter, please c	all:		
Leonardo Heidner 212 30298				PH 3: 06
Name of Person		at ()	me 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)	S60.00 Filing Certificate of Certified Cop (additional copy	Status & - by
<u>Mailing Addres</u> Registration 1 Division of C	Section	<u>Street Address:</u> Registration S Division of Co		
P.O. Box 632 Tallahassee	27	The Centre of	· · · · · · · · · · · · · · · · · · ·	
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Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

STOURBRIDGE CAPITAL PARTNERS LLC

(Name of the Lin	n <u>ited Liability Company</u> (A Florida Limited Lia	<u>y as it now appears on</u> ibility Company)	our records.)		
The Articles of Organization for this Limited Florida document number <u>L20000127598</u>	Liability Company w	vere filed on	.020	_ and as:	signed
This amendment is submitted to amend the fo	llowing:				
A. If amending name, enter the new name	of the limited liabil	ty company here:			
The new name must be distinguishable and contain the	words "Limited Liability	y Company," the design	ation "I.I.C" or the abbre	viatio k).	.L <u>.</u> C."
Enter new principal offices address, if appl	icable:			SE	<u>51.7</u>
(Principal office address MUST BE A STRE		<u> </u>		<i>\\</i> >	馬記
12 THE GALL OF THE GRAND OF THE TENE	ET. IDDIKESSY				<u> </u>
				<u> </u>	
Catanana and Canada an				ယ္ O	
Enter new mailing address, if applicable:	r nov			<u> </u>	
(Mailing address MAY BE A POST OFFICE	<u> BO.N/</u>				
B. If amending the registered agent and/or agent and/or the new registered office address and the Name of New Registered Agent:	•	dress on our recor	ds, enter the name o	of the ne	w regi
New Registered Office Address:	5255 Collins Ave	•			
		Enter Florida s	reet address		
	Miami Beach		, Florida _ ³³¹⁴⁰		
		City		Zip Code	
New Registered Agent's Signature, if changing	Registered Agent:				
I hereby accept the appointment as registed provisions of all statutes relative to the pro- accept the obligations of my position as reg- being filed to merely reflect a change in the company has been notified in writing of thi	per and complete p gistered agent as pr e registered office a	erformance of my ovided for in Chap	duties, and I am fan oter 605, F.S. Or, if	niliar wi this doc	th a ume

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 adder removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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Effective date, if other than If an effective date is listed, the date	is block does not mee	it the applicable :	e of filing or more that statutory filing requ	(optional) in 90 days after filing tirements, this date) g.) Pursuant to e will not be	605.0) listed
Note: If the date inserted in the document's effective date on the						
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