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2022 NOV 28 AM 9: 38 SECRETARY OF STAT JEAN M. ERHARDT, Paralegal Direct Telephone: 630.871.2613 erhardt@ccmlawyer.com

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November 21, 2022

Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

Re: 3181 Partners, LLC

File No.: L20000226159

Dear Sir/Madam:

Enclosed are Articles of Amendment (in duplicate) for the above-referenced company and our firm's check in the amount of \$25.00 in payment of filing fees. Please return one file-stamped copy to our office in the enclosed, self-addressed, stamped envelope.

Please contact me if you have any questions. Thank you for your assistance.

Very truly yours,

CLINGEN CALLOW & McLEAN, LLC

/jme

Enclosure

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

3181 PARTNERS, LLC		
( <u>Name of the Limited Liability C</u> (A Florida Lir	ompany as it now appears on our records.) mited Liability Company)	
The Articles of Organization for this Limited Liability Com	npany were filed on July 29, 2020	and assigned
Florida document number L20000226159		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	d liability company here:	
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" or	the abbreviation "L.1C,"
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES	<u> </u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		SECRETARY OF TALLAHASS
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	ffice address on our records, enter the	E 0 9
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Floric	
	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 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	JOSEPH SIMON	3023 N. CLARK STREET, #889	<b>=</b> Add
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Filing Fee: \$25.00