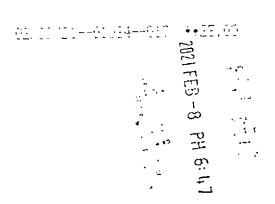
## L20 000256681

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MAR 2 5 2021 S. YOUNG

## **COVER LETTER**

TO:

TO: Registration S Division of Co						
	PARTNERS LLC					
SUBJECT:	Name of Lim	nited Liability Company	<u>.</u>			
The enclosed Anticles o	of Amendment and fec(s) are sub	omitted for filing.				
Please return all corresp	pondence concerning this matter	to the following:				
	LOVETTE DOBSON					
		Name of Person	<u> </u>			
	INCFILE.COM LLC					
		Firm/Company				
	17350 STATE HWY 249	STE 220				
		Address				
	HOUSTON, TX 77064					
		City/State and Zip Code				
	E-mail address: (	to be used for future annual report no	tification)			
For further information	concerning this matter, please c	all:				
LOVETTE DOBSON		888 462-3453				
Name	of Person		me Telephone Number			
Enclosed is a check for	the following amount:					
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fcc & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			
Mailing Addr Registration		Street Address: Registration Se	ection			
Registration Section Division of Corporations		Registration Section Division of Corporations				
P.O. Box 6327		The Centre of Tallahassee				
Tallahassee,	, FL 32314	2415 N. Monroe Street, Suite 810				

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MD&RP PAR	TNERS LLC	
(Name of the Limited Liability Compa (A Florida Limited l	ny as it now appears on our records. Liability Company)	)
The Articles of Organization for this Limited Liability Company Florida document number L20000256681  This amendment is submitted to amend the following:  A. If amending name, enter the new name of the limited liab	were filed on 08/19/2020	and assigned  PA PH 6: 4-1
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	3050 MARBON ESTATES LN.	S
(Principal office address MUST BE A STREET ADDRESS)	JACKSONVILLE, FL 32223	<u> </u>
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter t</u>	he name of the new registere
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
<del></del>	, Flor	
	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>	<u>Name</u>	Address	Type of Action
			□Add
		<del></del>	
			□ Change
			□Remove
			Change
			□Remove
			Change
			□Remove
			□ Add
			Remove
			□Change
		□ Add	
			□Remove
			□Change

If amending any other informati	, 5 ,	·		
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				<del>_</del>
		<u> </u>	<u>.                                    </u>	·
				<del></del>
		<del> </del>		<del></del>
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Effective date, if other than the of (If an effective date is listed, the date must Note: If the date inserted in this blo document's effective date on the Department.	be specific and cannot be pr ck does not meet the app	licable statutory fili	(option more than 90 days after fil ng requirements, this d	ing.) Pursuant to 605.0207 (3
the record specifies a delayed effective cord is filed.	date, but not an effective	e time, at 12:01 a.m	on the earlier of: (b)	The 90th day after the
Dated	, 2021	·		
Michael	Weblery Signature of expember or au	nthorized representation	ve of a member	
MICHAEL DEBERRY		•		
	Typed or pr	inted name of signee	<u> </u>	

DU E 635.00