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DIASIA WASTATE

## **COVER LETTER**

TO:	Registration Se Division of Cor					
SUBJE	ECT:	ABI EQU	VITY PARTNERS	HC		
		Name of Limi	ted Liability Company			
The en	closed Articles of	Amendment and fec(s) are sub-	nitted for filing.			
Please	return all correspo	ondence concerning this matter (	o the following:			
		A	RT PAPASTAV	ROS		
			Name of Person			
		<u></u>	BI EQUITY PAG	etners lic		
			2370 SW 131			
			OAV, E FL. City/State and Zip Code	33325		
			development @ be used for future annual report			
For fur	ther information c	oncerning this matter, please ca	II:			
	ART Name o	Oncerning this matter, please ca	at ( <u>954)</u> 66 Area Code Da	08 -033 4 Oytime Telephone Number	2024 J	
Enclose		ne following amount:			2	ere-11
<b>⊠</b> \$25	5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	ing Feet e of Status & T	O

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Street Address:

Registration Section
Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	EQUITY PARTHER			
( <u>Name of the Limited 1</u> (A)	lability Company as it now appear Florida Limited Liability Company)	i <u>rs on our records.</u> )		
The Articles of Organization for this Limited Liabi  Florida document number \(\mu \) 2000 360	lity Company were filed on	11/13/2026	2 and assi	gned
This amendment is submitted to amend the following				
A. If amending name, enter the new name of the		<u>ere</u> :		
The new name must be distinguishable and contain the words	s "Limited Liability Company," the c	designation "LLC" or the ab	breviation "L.L	C."
Enter new principal offices address, if applicable	e:	· · · · · · · · · · · · · · · · · · ·		
(Principal office address MUST BE A STREET A	(DDRESS)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO.	<u></u>			
B. If amending the registered agent and/or regis		records, enter the name	e of the new	registered
Name of New Registered Agent:	****		7 PH 2:	
New Registered Office Address:	Enter Flo	rida street address	<u> </u>	
_		, Florida		
	City		Zip Code	<del></del>

## 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
AMBR	JAMES PAPASTAVRUS	2370 SW 131 TERRACE	□Add
		PMIE FL 33325	□Remove
			iZChange
AMBR	JOHNA PAPASTA VROS	2370 SW 131 TERPACE	<u> </u>
		DANIE, FL 33325	□Remove
			LChange
			□Add
			□Remove
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		· ·	70 Change Remove
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