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(Re	questor's Name)	)
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Certified Copies	_ Certificate	es of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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## **COVER LETTER**

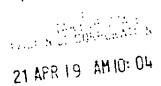
TO: Registration Se Division of Cor			
SUBJECT:	Tandem Par	tners LLC ted Liability Company	
		oonpan,	
The enclosed Articles of	Amendment and fee(s) are sub	nitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Loisan	Name of Person	
	Tande	rn Partners Firm/Company	<u>LLC</u>
	1713 W	and Drift Rd	·
	- Palle I	Ste, FL 3280 City/State and Zip Code	9
	B-mail address: (i	fewler @ gm	gil. Corr
For further information c	oncerning this matter, please ca	all:	
Loisann (	C. Fowler Person	at ( <u>407</u> ) <u>325 /</u> Area Code Daytime	2210 e Telephone Number
Enclosed is a check for th	ne following amount:		
♀ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Section Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres	<u>s:</u>	Street Address:	
Registration S		Registration Sec	ction
Division of C		Division of Cor	
P.O. Box 632	:7	The Centre of T	allahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Tandern Pa	artners LLC
( <u>Name of the Limited Liabil</u> (A Florid	lity Company as it now appears on our records.) la Limited Liability Company)
	Company were filed on <u>3.09.2021</u> and assigned
Florida document number <u>L 21000142334</u>	<u></u> .
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lim	nited liability company here:
N/A	mited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
The new name must be distinguishable and contain the words "Lir	mited Liability Company," the designation "L.L.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	N/A
(Principal office address MUST BE A STREET ADD	RESS)
Enter new mailing address, if applicable:	N/A
(Mailing address MAY BE A POST OFFICE BOX)	<u></u>
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	ed office address on our records, enter the name of the new registere
Name of New Registered Agent:	N/A
New Registered Office Address:	
	Enter Florida street address
	, Florida
	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

MGR = Ma $AMBR = Au$	inager ithorized Member	AHIP OL	
<u>Title</u>	Name	Address 21 APR 19 AH 10: O4	Type of Action
MGR	Loigann C. Fewler	1713 Wind Drift Road	OPAdd
		Belle Isle, FL 32609	□Remove
			□Change
			🗆 Add
			□Remove
			□Change
			🗀 Add
			□Remove
			□Change
			🗆 Add
			Remove
			□Change
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Mect	ive date, if other than the date of filing:(optional)	
f an ef Note:	ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 60 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listent's effective date on the Department of State's records.	
recor	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day aft led.	er the
Dated	03.15.2021	
	Signature of a member of authorized representative of a member	
	TOLYMUI - TOUL UM	

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Filing Fee: \$25.00