## LZ1000395147

(Red	questor's Name)	
(Add	dress)	
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(City	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificate	s of Status
Special Instructions to F	Filing Officer:	
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## COVER LETTER · ·

	egistration Sec vision of Corp			
		d Partners LLC		
SUBJECT	:	Name of Limi	ted Liability Company	
The enclos	ed Articles of /	Amendment and fee(s) are sub-	mitted for filing.	
Please retu	rn all correspoi	idence concerning this matter	to the following:	
		Kate Wood		
			Name of Person	
		ZenBusiness Inc.		
			Firm/Company	· · · -
		5511 Parkerest Dr., Ste. 40	3	
			Address	
		Austin, TX 78731		
			City/State and Zip Code	
		fulfillment@zenbusiness.co		
Pau Gudhan	in formation as		to be used for future annual report noti	fication)
ror turther	пиотпанов сс	oncerning this matter, please co	111.	
Kate Woo	d c/o ZenBusin		at ()	te Telephone Number
	Name of	rerson	Area Code Daytim	e reteprone summer
Enclosed is	s a check for th	e following amount:		
<b>■ \$</b> 25.00	Filing Fee	☐ \$30.60 Filing Fee & Certificate of Status	☐ \$55.60 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2021 SEP 20 PM 2: 57

Pivot Capital Partners LLC (Name of the Limited Liability Company as it now appears on our records.) LLAHASSEE, FICE A. (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 9/7/2021 and assigned Florida document number  $\frac{1.21000395147}{1.21000395147}$ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

## 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 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 added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR/ MGR	Rakesh Parikh	161 North Clark Street, Suite 1600	□Add
		Chicago, II. 60601-3206	□Remove
			<b> ■</b> Change
AMBR	James Bates Pugh JR	161 North Clark Street, Suite 1600	<b>=</b> Add
		Chicago, II. 60601-3206	□Remove
			□ Change
AMBR	Kwabena Elra Amun	161 North Clark Street, Suite 1600	<b>=</b> Add
		Chicago, IL 60601-3206	□Remove
		<del></del>	□Change
AMBR	Jameson Pugh	161 North Clark Street, Suite 1600	□ Add
		Chicago, II. 60601-3206	=Remove
			□Change
AMBR	Allen Amun	161 North Clark Street, Suite 1600	🗆 Add
		Chicago, IL 60601-3206	=Remove
			□Change
			□Add
			□Remove
			□Change

	Rakesh Parikh							
			member or autho	rized represen	tative of a mem	her		-
Dated	/s/ Rakesh		-W41	<del>-</del> ·				
cord is filed.					a.m. on the ca	rlier of: (b)	The 90th day	after the
document	date, if other than we date is listed, the dat the date inserted in the 's effective date on t	he Department of	meet the application of the state's records.	ble statutory	' filing require	ments, this c	late will not be	listed as th
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