

222000141460

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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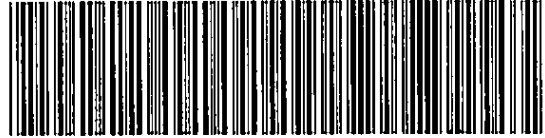
(Business Entity Name)

(Document Number)

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R. HUNT

COVER LETTER

TO: Registration Section
Division of Corporations

SEBRING PARTNERS, L.L.C.

SUBJECT: _____
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

YELITZA GARCIA

Name of Person

SEBRING PARTNERS, L.L.C.

Firm/Company

12605 SW 134TH CT. SUITE 103

Address

MIAMI, FL 33186

City/State and Zip Code

YELYBN@GMAIL.COM

E-mail address: (to be used for future annual report notification)

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JAN 21 11 21 AM 8:01
STATE OF FLORIDA
DIVISION OF CORPORATIONS

For further information concerning this matter, please call:

YELITZA GARCIA

786

355-7427

Name of Person

at (_____) _____

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

Mailing Address:

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

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**

SEBRING PARTNERS, L.L.C.

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 03/22/2022 and assigned
Florida document number 1.22000141460.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

SEBRING FL PARTNERS LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

N/A

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

N/A

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:

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 Changing Registered Agent, Signature of New Registered Agent

SEP 21 AM 8:02
CLERK OF STATE
TALLAHASSEE, FL

MAY 21 AM 8:02
 DEPT. OF STATE
 WASHINGTON, D.C.
 TELETYPE UNIT

(If an effective 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 605.0207 (3)(b)

OCTOBER 7TH 2022

Dated _____

Leiliza Laria
or authorized representative

YELITZA GARCIA

Typed or printed name of signee