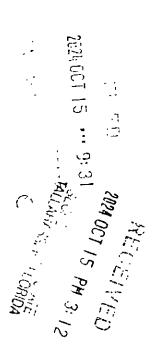


(F	Requestor's Name)	
	Address)	
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(<i>F</i>	Address)	
	City/State/Zip/Phone #)	
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PICK-UP	WAIT	MAIL
(6	Business Entity Name)	
	Document Number)	
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Certified Copies	Certificates of	Status
		
Special Instructions to F	iling Officer:	
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FLORIDA CAPITA	AL COURIER SERVIC	ES, INC (850) 524–5437
2330 CLARE DR		(850) 524–6243
TALLAHASSEE,	FL 32309	(850) 491–9625
Please use fun	ds from this acco	unt: 120210000160: \$25.00
Authorization S	Signature: <u>fa</u>	utell-
Business Name:	ORP PARTNERS	, LLC
Document#	L22000165830	
Certified Cop	У	
Certificate of	Status	
NEW FILINGS		<u>AMMENDMENTS</u>
Profit Corp		_XAmendment
Not for Profit		Resignation of R.A. Officer/Director
Limited Liabil	ity	Change of Registered Agent
Domesticatio	n	Revocation of Dissolution
LLLP		Merger
CORP		Articles of Conversion
Other		Restated Articles of Incorporation
Other		Statement of Authority
OTHER FILINGS	}	REGISTRATION/QUALIFICATIONS
Apostille		Foreign Filing
Country		Reinstatement
		Qualification
		Annual Report
		Fictitious Name

EXAMINER'S INITIALS:____

COVERTEITER

TO:

Registration Section
Division of Corporations

ORP PA SUBJECT:	RTNERS, LLC		
SUBJECT:	Name of Lim	nited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	emitted for filing.	
Please return all corres	spondence concerning this matter	to the following:	
	Olga De Los Santos		
		Name of Person	
		Firm/Company	
	1300 Brickell Avenue		
		Address	
	Miami, Florida 33131		
		City/State and Zip Code	
	E-mail address: (to be used for future annual report not	ification)
For further informatio	n concerning this matter, please c	all:	
Olga De Los Santos		305 351-1000 at ()	
Nam	e of Person		ne Telephone Number
Enclosed is a check fo	r the following amount:		
■ \$25.00 Filing Fee	S30.00 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 Add Registratio Division of P.O. Box 6	n Section Corporations	Street Address: Registration Se Division of Co The Centre of	rporations
Tallahassed	e, FL 32314	2415 N. Monro	oe Street, Suite 810

Tallahassee, FL 32303

TO ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(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 $\frac{4/20/22}{2}$ and assigned Florida document number ___L22000165830 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: FRM ASSOCIATES 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) 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 , Florida

New Registered Agent's Signature, if changing Registered Agent:

ORP PARTNERS, LLC.

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.

City

If Changing Registered Agent, Signature of New Registered Agent

ri amending Authorized reison(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			□ Add
			🗀 Remove
			Change
			□ Add
			☐ Change
			□ Add
			□Remove
			☐ Change
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			Change
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		<u> </u>	□ Remove
			☐ Change
			□Add
			□ Remove
			Change

ii amending any o	ther information, enter change(s) here: (Attach additional sheets, if necessary.)
	
If an effective date is lis Note: If the date ins	ther than the date of filing:
e record specifies a d	elayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
October 10	th ()
	We the second
	Signature of a member or authorized representative of a member
	Olga De Los Santos, Esq.
	Typed or printed name of signee

Filing Fee: \$25.00