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(Re	equestor's Name)	
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AVISION OF CORTORATION

COVER LETTER

TO:	Registration Se Division of Cor			
SUBJE		ARTNERS LLC		
30131		Name of Lim	ited Liability Company	
		Amendment and fee(s) are sub	<u>-</u>	
		MARIA C MORO		
			Name of Person	
		SEA GLASS PROPERTY	MANAGEMENT, LLC	:#VIS 22 A
			Firm/Company	AUG 2
		1035 S STATE RD 7		or cons
			Address	000 2000 0000 (6,501) PM 12: 07
		SUITE 315#7		型 9 07
		WELLINGTON, FL3414	City/State and Zip Code	
		E-mail address: (to be used for future annual report notification)	
For fur	ther information e	oncerning this matter, please ea	all:	
MARI	A C MORO		561 215-1604 at ()	
	Name o	f Person	Area Code Daytime Telepho	one Number
Enclos	ed is a check for th	ne following amount:		
■ \$2	5.00 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

S	ILBER PARTNE	ERS LLC		
(Name of the Limite	d Liability Compa A Florida Limited I	ny as it now appea Liability Company)	irs on our records.)
The Articles of Organization for this Limited Lia Florida document number	ability Company	were filed on _	05/16/2022	and assig
This amendment is submitted to amend the follow	wing:			•
A. If amending name, enter the new name of	the limited liab	ility company h	<u>iere</u> :	
N/A				
The new name must be distinguishable and contain the wo	ords "Limited Liabi	lity Company," the	designation "LLC"	or the abbreviation "L.L.(
Enter new principal offices address, if applica	ıble:	1035 S STATE	ERD 7	<u> </u>
(Principal office address MUST BE A STREET		SUITE 315-7		17/18 22 A
Timelyan Office address Medi Dis Miding		WELLINGTO	N. FL33414	S 22.
Enter new mailing address, if applicable:		1035 S STATE	E RD 7	26 PH 2:
(Mailing address MAY BE A POST OFFICE E	<u>30X)</u>	SUITE 315-7	N. 171 22414	8 2
		WELLINGTO	N, FL33414	
B. If amending the registered agent and/or reagent and/or the new registered office address	s here:		records, <u>enter t</u>	he name of the new 1
Name of New Registered Agent:	MARIA C MO	RO		
New Registered Office Address:	1035 S STATE	RD 7. SUITE 31	5#7	
		Enter Flo	orida street address	
	WELLINGTO		, Flor	rida <u>33414</u>
		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 provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this docum 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 be or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address		<u>T</u>	ype of £
MGR	DECOTTO, SEGUNDO	20493 MEETING STREET			□Add
		BOCA RATON			Remo
		FL 33434			□Chanį
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ffective date, if other than the fan effective date is listed, the date man	ist be specific and cannot be prior to date of filing or	(optional) more than 90 days after filing.) Pursuant to
Note: If the date inserted in this be document's effective date on the learning transfer in the	lock does not meet the applicable statutory fili Department of State's records	ing requirements, this date will not be
	ve date, but not an effective time, at 12:01 a.m	on the earlier of: (b) The 90th day a
record specifies a delayed effecti		(1)
record specifies a delayed effecti d is filed.		
	2022	