## L23000 46483

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## **COVER LETTER**

TO:

Registration Section

Div	ision of Cor	porations		
	ORIGIN PA	ARTNER, LLC		
SUBJECT:		Name of Lin	nited Liability Company	···-
The enclosed	l Anicles of	Amendment and fee(s) are sub	omitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		JUAN PABLO PRELLE		
			Name of Person	
		ORIGIN PARTNER, LLC	•	
			Firm/Company	
		12990 SW 75 AVE		
			Address	
		MIAMI, FL 33156		.s.
		antonio@originpartner.coп	City/State and Zip Code	SECRETARY OF 3 14 5 SECRET
		E-mail address: (	to be used for future annual report noti	fication)
For further in	iformation co	oncerning this matter, please c	all:	PH PH
Antonio Ghi	nes		305 785-2471	me 2: 15
	Name of	f Person	Area Code Daytim	e Telephone Number (1)
Enclosed is a	check for th	ne following amount:		
□ \$25.00 F	Filing Fee	☐ \$30.00 Fifing 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)
	iling Addres		Street Address: Registration Se	ction
Registration Section Division of Corporations			Division of Cor	porations
	). Box 632 Iahassee, F		The Centre of T 2415 N. Monro	fallahassee e Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ORIGIN PARTNER, LLC (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  $\frac{03/22/2023}{2}$ and assigned Florida document number L23000146483 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 "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:

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 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
MGR	XIMENA PRELLE	12990 SW 75 AVE	■Add
		MIAMI, FL 33156 US	□Remove
			□Change
			□Add
			□ Remove
			□Change
			□Add
			□Remove
			□Change
	<u></u>		□Add
			2024 DEC -9 PH SECRETARY OF TALLAHASSE
		-	C G Change  C G Change  C All
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cord specifies a delayed effective o	ate, but not an effective time	e, at 12:01 a.m. on the ea	arlier of: (b) The 90th	day after the
s filed.				
December 4	2024			
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	Y. Karlin			
~	1 17/1/1/10			
Si	gnature of a member or authoris	zed representative of a men	nber	<del></del>

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Filing Fee: \$25.00