

L230000436523

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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☐ WAIT

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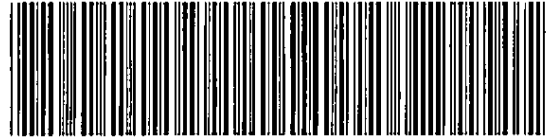
(Business Entity Name)

(Document Number)

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KH
1/24/24

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PARTNERS & PARTNERS LLC

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:

STEPHANIE RESTUCCIA

Name of Person

SMART FINANCES BY SR LLC

Firm/Company

2884 NE 3RD DR

Address

HOMESTEAD FLORIDA 33033

City/State and Zip Code

smartfinances.sr@gmail.com

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

For further information concerning this matter, please call:

STEPHANIE A RESTUCCIA

786 6316926
at () Daytime Telephone Number

Name of Person

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

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OFFICE OF STATE
CORPORATIONS, FL

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Partners & Partners 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 09/19/2023 and assigned
Florida document number L23000436523.

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:

ROBERTO A RIVERA

New Registered Office Address:

2158 SW 14 TERR APT 204

Enter Florida street address

MIAMI


City

, Florida 33145

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.


Roberto A. Rivera, Dec 26, 2023 20:38 EST

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>	<u>Address</u>	<u>Type of Action</u>
MGR	ROBERTO A RIVERA		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
		2158 SW 14 TERR APT 204 MIAMI FL 33145	<input checked="" type="checkbox"/> Change
MBR	RAMON D TABARES		<input type="checkbox"/> Add
		2158 SW 14 TERR APT 204 MIAMI FL 33145	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MBR	JOHN E RODRIGUEZ		<input type="checkbox"/> Add
		2158 SW 14 TERR APT 204 MIAMI FL 33145	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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OF THE
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

NAME OF MANAGER AND REGISTERED AGENT WAS INCORRECT, IT WAS MISSI

CORRECT NAME: ROBERTO A RIVERA

THE OTHER TWO MEMBERS OF THE LLC WILL ME REMOVED

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2024 JAN - 8 AM 8:05
STATE OF CONNECTICUT
DEPT. OF STATE

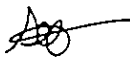
E. Effective date, if other than the date of filing: _____ (optional)

(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)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be used as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated _____



Signature of a member or authorized representative of a member

STEPHANIE A RESTUCCIA

Typed or printed name of signee

Filing Fee: \$25.00