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(Requ	estor's Name)	
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PICK-UP	☐ WAIT	MAIL
(Busin	ess Entity Name)	
(Docur	ment Number)	
Certified Copies	Certificates of	Status
Special Instructions to Fili	ng Officer:	

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2024 AUS 27 PH 1:57 SECRETARY OF STATE STALLAHASSEE, FL

## **COVER LETTER**

TO: Registration Se Division of Co			
1907 Parto	ers LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Jeremy W. Dean		
		Name of Person	
	Authorized Agent of Com	pany	
		Firm/Company	~-
	P.O. Box 4391		TEC PER SE
		Address	—— 语言.
	Portland, Maine 04101		2024 AUG 27 PN 1:57 SECRETARY OF STATE STALL AHASSEE, FL
	<del></del>	City/State and Zip Code	SSS
	jwdcan@jwdlegal.com		
For further information of	E-mail address: ( concerning this matter, please c	(to be used for future annual report notifi all:	cation) THE ST
Jeremy W. Dean		207 805-2088	
Name o	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	he 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)
<u>Mailing Addres</u> Registration		Street Address: Registration Sec	tion
Division of C		Division of Corp	
P.O. Box 632	27	The Centre of Ta	allahassee
Tallahassee,	FL 32314	2415 N. Monroc	Street, Suite 810

Tallahassec, FL 32303

## ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION

1907 Partners LLC				
(Name of the Limited Liab) (A Flori	ility Company as it now da Limited Liability Com	appears on our re pany)	cords.)	<del></del>
The Articles of Organization for this Limited Liability Florida document number 1.24000217977	Company were filed	on May 9, 2024		and assigned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lin	mited liability compa	nny here:		
The new name must be distinguishable and contain the words "Li	mited Liability Company	," the designation "	LLC" or the abbre	viation "L.L.C."
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADD	<u>ORESS)</u>	_ <del></del>	<del></del>	SE SE TI
Enter new mailing address, if applicable:			· · · · · · · · · · · · · · · · · · ·	ETARY CAHAS
(Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or register agent and/or the new registered office address here		our records, <u>er</u>	ter the name o	f the new registered
Name of New Registered Agent:			· · · · · · · · · · · · · · · · · · ·	
New Registered Office Address:	Ent	ter Florida street aa	ldress	
			. Florida	
	City	<del></del>	,	Zip Code
New Registered Agent's Signature, if changing Register	ed 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

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
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			Remove SECTION CONTRACTOR
			AHASSEC FL Change
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ume	ent's effective date on the l	Department of S	State's records.			
	specifies a delayed effecti	ve date, but no	t an effective ti	ne, at 12:01 a.m.	on the earlier of: (1	b) The 90th day after the
s file	ed.					
	August 20		2024			
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			Y / _			
	/ /	// //		rized representative	`	

Filing Fee: \$25.00