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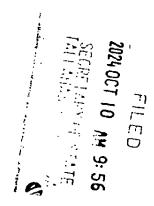
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COVER LETTER

TO:

Tallahassee, FL 32314

	egistration Sectivision of Cor			
eun ir ca		E PARTNERS, LLC		
SUBJECT	:	Name of Limi	ited Liability Company	
The enclos	ed Articles of a	Amendment and fee(s) are sub-	mitted for filing.	
Please retu	rn all correspo	ndence concerning this matter	to the following:	
		Holly Melzer		
			Name of Person	
		Law Office of Holly K. Me	elzer, PLLC	
			Firm/Company	····
		P.O. Box 207		
			Address	
		Panama City, FL 32402		
			City/State and Zip Code	
		mandsnicholas@yahoo.com		
		E-mail address: (to be used for future annual report noti-	lication)
For further	information co	oncerning this matter, please ca	all:	
Suzanne N	Sicholas		571 213-0241 at ()	
	Name o	l Person	at () Area Code Daytim	e Telephone Number
Enclosed is	s a check for th	ne 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)
	lailing Addres		Street Address: Registration Sec	ction
Γ	ivision of C	orporations	Division of Cor	•
	O. Box 632		The Centre of T 2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

issigned
'L.L.C."
ew registe
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) _e ,

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.

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	SUZANNE NICHOLAS	10005 VALLEY CREEK LANE	□ Add
		VIENNA, VA 22182	□Remove
			⊞ Change
MGR	LAWRENCE M. NICHOLAS	10005 VALLEY CREEK LANE	□Add
		VIENNA, VA 22182	□Remove
			= Change
			□Add
			□Remove
			Change
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	e date, if other than the date of filing: 10774 (optional) tive 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 605.0
te: If	the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed
umer	nt's effective date on the Department of State's records.
cord s filed	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after t f.
	··
ed _	October 7 . 2024.
	-4h0 1 0
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00