## L24000430037

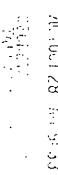
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☐ PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates of	Status
Special Instructions to	Filing Officer:	

Office Use Only



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## **COVER LETTER**

TO: Registration S Division of Co			
	DA PARTNERS LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	EVELYN NELSON		
		Name of Person	
		Firm/Company	20
	3121 S.E. DOUBLETON I	DRIVE	7,074,C77 \$1,044 1,441
		Address	220
	STUART, FL 34997		
		City/State and Zip Code	0
	EVHEAP@AOL.COM	to be used for future annual report no	دے دے دification)
For further information	concerning this matter, please c		
EVELYN NELSON		772 475-4965	
Name	of Person	Area Code Dayti	me Telephone Number
Enclosed is a check for	the following amount:		
■ \$25.00 Filing Fee	S30.00 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)
P.O. Box 63	Section Corporations 27	Street Address: Registration S Division of Co The Centre of	orporations
Tallahassce,	FL 32314	Z415 N. WON	or affect, affice of the

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ALAMANDA PARTNERS LLC		
(Name of the Limited Liability Company as it now (A Florida Limited Liability Com	appears on our records.) ipany)	_
The Articles of Organization for this Limited Liability Company were filed		assigned
Florida document number L24000430037		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability compa	any here:	
The new name must be distinguishable and contain the words "Limited Lizbility 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)		<u> </u>
	<u> </u>	3
		√5 ~ ,
Enter now welling address if applicables	<del>.</del>	Φ
<u> </u>		
(Mailing address MAY BE A POST OFFICE BOX)	·	<del>- 43</del>
		<del>رئ ،</del>
(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 agent and/or the new registered office address here:	our records, enter the name of the	8 9: 33
Name of New Registered Agent:		
1000 111		
New Registered Office Address:		
New Registered Office Address:	nter Florida street address	
New Registered Office Address:	nter Florida street address	

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	CRAIG BISSET	PO BOX 433, PALM CITY, FL 34991	
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			Change
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			□Remove
			Change
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Tective date, if other than the can effective date is listed, the date must ote: If the date inserted in this blocking the date on the Department's effective date on the Department.	he specific and cannot be prior to date ck does not meet the applicable st	of filing or more than 90 days after f	iling.) Pursuant to 605.020
record specifies a delayed effective is filed.	date, but not an effective time, at	12:01 a.m. on the earlier of: (b)	The 90th day after the
OCTOBER 21	2024		
A 0	,		
/ Miles	Signature of a member or authorized		

Filing Fee: \$25.00