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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : GASSMAN, CROTTY & DENICOLO, P.A.

Account Number : 075350000514

Phone : (727)442-1200

Fax Number

: (727)443-5829

R NEWTE

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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Email	Address:	 _

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SUWANNEE LAKESIDE, LLC

0 Certificate of Status 0 Certified Copy 03 Page Count \$25.00 Estimated Charge

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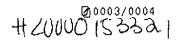
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Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

OF 2020 1111 22 411 6: 52

SUWANNEE LAKESIDE, LLC (Name of the Limited Liability Com (A Florida Limite	pany as it now appears	on our records.)
The Articles of Organization for this Limited Liability Compar Florida document number L05000034549		·
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lis	ability company her	e:
The new name must be distinguishable and contain the words "Limited Lie	ability Company," the des	ignation "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 registered agent and/or the new registered office address h	office address on ere:	our records, enter the name of the li
Name of New Registered Agent:		
New Registered Office Address:	Enter Flori	da street uddress
•		, Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Age	<u>nt:</u>	
I hereby accept the appointment as registered agent and a provisions of all statutes relative to the proper and comple accept the obligations of my position as registered agent of being filed to merely reflect a change in the registered off- company has been notified in writing of this change.	ete performance of l as provided for in C	ny duties, and 1 am jamiliar with and hapter 605, F.S. Or, if this document is
u c	Changing Registered Ag	ent, 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
MGR	JOSEPH CHRISTIAN LAFACE	1401 TECH BLVD., SUITE 1	■ Add
		TAMPA, FL 33619	Remove
			☐ Change
			🖸 Remove
			Change
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	·		☐ Remove
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iffective date, if other that fan effective date is listed, the da Note: If the date inserted in the document's effective date on	nis diock does not i	neet the applicable st	of filing or more than atutory filing requir	(optional) 90 days after filing.) Purs ements, this date will	suant to 605.020 not be listed a
e record specifies a de The 90th day after the	ayed effective of record is filed.	date, but not an	effective time, a	t 12:01 a.m. on t	he earlier
Dated May 22		2020			
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		member or authorized	MANAGE MA	mher	
	Siguriture of g	menuer or aumorized	thingonmuse or a rac		

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