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Florida Department of State
Division of Corporations
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DEPARTMENT OF STATE

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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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
16259 US 19, L.L.C.

Certificate of Status	0
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Page Count	01
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J. LEGGETT
NOV 28 2017

2017 NOV 27 PM 3:05

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ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

16259 US 19, L.L.C.

(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 10/23/2008 and assigned Florida document number L08000099902

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)

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TALLAHASSEE, FLORIDA

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:

New Registered Office Address:

Enter Florida street address

Florida

City

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.

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	NETTIE HOLT	16313 US 19 N.	<input type="checkbox"/> Add
		CLEARWATER, FL 33764	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	KAREN L. SCARFONE	16313 US 19 N.	<input checked="" type="checkbox"/> Add
		CLEARWATER, FL 33764	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	V. DENISE KOVACH	16313 US 19 N.	<input checked="" type="checkbox"/> Add
		CLEARWATER, FL 33764	<input 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

