To:

Fav: (850) 617-6383 Division of Corporations

46:

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5.000 Conductor State

porations
Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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	Doing so will generate anothey cover sheet.	7AL
To:	Division of Corporations Fax Number : (850)617-6383	AUG 29 AHASSE
From:	Account Name : ELLISON LAZENBY PLLC Account Number : I20150000059 Phone : (727)362-6151 Fax Number : (727)362-6131	E FLORIBA

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

Email	Address:		 	 	

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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN 406 10TH, LLC

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

406 10TH, LLC				
(Name of the Limited Liability Company as if now appeared A Florida Limited Liability Company	pears on our records.)		¬+-".	
The Articles of Organization for this Limited Liability Company were filed on Florida document numberL1500017446 (a)	10/12/2015	and	l assigr	ned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liability company	<u>here</u> :			
The new name must be distinguishable and contain the words "Limited Liability Company," (	ne designation "LLC" or th	e abbreviatio	TLL.C	****
Enter new principal offices address, if applicable:			AUG	-
(Principal office address MUST BE A STREET ADDRESS)		beard	29	Land Marie
Partie new weiting address (frame back)		E CONTRACTOR OF THE CONTRACTOR	M4 9: 35	
B. If amending the registered agent and/or registered office address registered agent and/or the new registered office address here:	on our records, ent	er the na	me of	the new
Name of New Registered Agent:	The Abb are a specific			
New Registered Office Address:  Enter 1	Florida street address			

## 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

Page 1 of 3

Zip Code

To:

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

H17000229307 3

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	CURD, RICHARD F, TRUSTEE	3829 21ST AVENUE NORTH	D Add
		ST.PETERSBURG, FL 33713	<b>Ճ</b> Remove
			Change
MGR	RFCRE, LLC	3829 21ST AVENUE NORTH	IXAdd
		ST. PETERSBURG, FL 33713	□ Remove
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		ional)
(If an effect Note: If document	e date, if other than the date of filing:  ive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after the date inserted in this block does not meet the applicable statutory filing requirements, the t's effective date on the Department of State's records.  In the date of the date on the Department of State's records.	er filing.) Pursuant to 605.02 is date will not be listed
(b) The 9	Oth day after the record is filed.	
	25 August 2017	
Dated		T. 60
Dated _		<b>一种组织</b>
Dated _	Richard J. Curb	
Dated _	Rechard J. Curd  Signature of a member or authorized representative of a member	
Dated _	Richard F. Curd	JUG 29
Dated _		AUG 29 AHASSE
Dated _	Richard F. Curd	AUG 29 AM
	Richard F. Curd	AUG 29 AM
	Richard F. Curd  Typed or printed name of signee	AUG 29 AH 9: 3