117000131251

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COVER LETTER

2012	DAMES CONTROL WARRY L. L. C.		
SUBJECT:	RICE NORTH PORT LLC		 _
	Same of Lami	ted Liability Company	
The enclosed Article	s of Amendment and fee(s) are sub-	nitted for filing.	
Please return all con	espondence concerning this matter t	to the following:	
	Richmond C. Flowers, Esq		
		Name of Person	
	Adams and Reese LLP		
		Firm/Company	
	150 2nd Avenue North, Su	ite 1700	
		Address	
	St. Petersburg, FL 33701		
	rick.flowers@arlaw.com	City/State and Zip Code	-
		to be used for future annual report noti	fication)
For further informat	ion concerning this matter, please co	all:	
Richmond C. Flow	218	727 502-8269	
N.	ime of Person	Area Code Daytim	e Telephone Number
Enclosed is a check	for the following amount:		
■ \$25,00 Fding F	ce 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

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, F1, 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2017 PRICE NORTH PORT LLC		
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our records.) Triability Company)	
The Articles of Organization for this Limited Liability Companillorida document number $\frac{L17000131251}{L17000131251}$.	y were filed on JUNE 15, 2017	and assigned
Torida document number		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
2018 PRICE NORTH PORT LLC		
The new name must be distinguishable and contain the words "Limited Liab	oility Company," the designation "LLC" or th	ac 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)		17 JUL -3
B. If amending the registered agent and/or registered registered agent and/or the new registered office address be	office address on our records, <u>en</u> e <u>re</u> :	ter the name of the n
Name of New Registered Agent:		· · · · · · · · · · · · · · · · · · ·
New Registered Office Address:	Enter Florida street address	
	, Florid:	1
	City	i 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 = M $AMBR = A$	lanager .uthorized Member		
Title	<u>Name</u>	Address	Type of Action
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fective date, if other than to effective date is listed, the date is	me date of thing: must be specific and o	: cannot be prior to c	fate of filing or mor	e than 90 days after	mar) filing.) Pursuant to (505.02
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cument's effective date on the	: Department of St	ate s records.				
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record specifies a delay The 90th day after the r		ate, but not a	n effective tir	ne, at 12:01 a	m. on the ear	riier
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-	/	comber or authoriz	ed representative o	famember		

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Typed or printed name of signee

Filing Fee: \$25.00