119000272050

(1	Requestor's Name)	
(Address)	
	Address)	
·	,	
	City/State/Zip/Phone #)	
(·	City/State/Zip/Filone #)	
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)	
	Document Number)	
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Special Instructions	to Filing Officer:	
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COVER LETTER

Division of Cor			
ISAI Prope	erties LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The analogue Articles of	Amendment and fee(s) are sub	mitted for filing	
	ondence concerning this matter		
F -			
	George G. Pappas		
		Name of Person	
	Pappas Law & Title		
		Firm/Company	 -
	1822 N. Belcher Rd., Suite	200	
		Address	
	Clearwater, FL 33765		
		City/State and Zip Code	
	george@pappaspa.com E-mail address: (to be used for future annual report notification)	
For further information c	oncerning this matter, please c	all:	
George G. Pappas		727 447-4999 at ()	
Name o	f Person	Area Code Daytime Telephor	ne Number
Enclosed is a check for the	he following amount:		
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & □ Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres	Section	Street Address: Registration Section	
Division of C	orporations	Division of Corporation	ıs

Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ISAI Properties, LLC			
(Name of the Limit	ed Liability Compa (A Florida Limited	any as it now appears on o Liability Company)	ur records.)
The Articles of Organization for this Limited L. Florida document number 1.19000272050		were filed on 10/30/2	and assigned
his amendment is submitted to amend the foll			
If amending name, enter the new name o	f the limited liab	oility company here:	
N/A			
he new name must be distinguishable and contain the v	vords "Limited Liabi	lity Company," the designa	tion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applic <u>Principal office address MUST BE A STREE</u>		N/A	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		N/A	
3. If amending the registered agent and/or agent and/or the new registered office addre Name of New Registered Agent:	-		s, enter the name of the new regist
New Pagistered Office Address: 1822 N. Belcher Rd., Suite 200			
New Registered Office Address:	1022 IV. DOICH	Enter Florida str	reet address
	Clearwater		
		City	, Florida 33765 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>	Address	Type of Action
MGR	Mandani, Shams	9008 N. River Rd.	≅ Add
		Tampa, FL 33635	□Remove
			□ Change
MGR	Axis Consulting Partners, LLC	4601 Gulf Blvd.	≡ Add
		St. Petersburg, FL 33706	Remove
			□Change
MGR	Jiwani, Sultan	9200 Tillinghast Dr.	■Add
		Tampa, FL 33626	□Remove
			□Change
MGR	F&S Tampa, LLC	255 Mobbly Dr.	= Add
		Oldsmar, FL 34677	□Remove
			Change
			Remove
			□Add
			□Remove
			□Change

	N/A
•	
•	
•	
	
lf an ef <u>Note:</u>	ive date, if other than the date of filing:
e reco rd is fi	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the led.
Dated	May 31 2023
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00