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COVER LETTER

TO:

Registration Section

Division of	Corporations		
[3343]	inff Blvd B8, LLC.		\$
SUBJECT:	Name of Lin	ited Liability Company	
The enclosed Article	s of Amendment and fee(s) are sub	omitted for filing.	
Please return all corr	espondence concerning this matter	to the following:	
	Hector Contreras		
		Name of Person	
	13343 Gulf Blvd B8, LLC		
		Firm/Company	
	3903 Northdale blvd. Ste.	1001:	
		Address	
	Tampa, FL 33624		
	· · · ·	City/State and Zip Code	
	heetampabay@gmail.com		
	E-mail address; (to be used for future annual report no	(ification)
For further informati	on concerning this matter, please c	all:	
Hector Contreras		813 426-2669 at ()	
Nau	me of Person	Area Code Daytii	ne Telephone Number
Enclosed is a check t	or the following amount:		
■ \$25.00 Filing Fe	e 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)
<u>Mailing Ad</u> Registration	dress: on Section	Street Address:	vetion
_	on Section of Corporations	Registration Se Division of Co	
P.O. Box	•	The Centre of	-
Tallahasse	е FI 32314	2415 N. Mone	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

43343 Gulf Blvd B8, LLC.

company has been notified in writing of this change.

2021 DEC 27 AM 7: 25

(Name of the Limited Liability Com (A Florida Limited	pany as it now appears on our records of Liability Company (LAHASSEE).	TATE FI
The Articles of Organization for this Limited Liability Compartionida document number $\frac{1.20000105987}{1.20000105987}$.		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name unist be distinguishable and contain the words "Limited Lial	bility Company," the designation "LLC" o	r 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 office agent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Florid	daZıp Code
Name Descriptions of Association (Control of State of Sta	•	Zip Code
New Registered Agent's Signature, if changing Registered Agent	_	
I hereby accept the appointment as registered agent and ag provisions of all statutes relative to the proper and complet accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered offic	e performance of my duties, and i provided for in Chapter 605, F.S	l am familiar with and S. Or, if this document is

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

Title	<u>Name</u>	Address	Type of Action
MGR	Veronica Contreras	3903 Northdale Blvd, Ste 100E	
		Tampa, FL 33624	
			□Change
MGR Hector Contreras	Hector Contreras	3903 Northdale Blvd, Ste 100E	■Add
		Tampa, F1, 33624	∏Remove
			□Change
			□Add
			□Remove
		•••	□Add
			GRemove
			[]Change
		□Remove	
		 	Change
			□Add
			□Remove
			

ffec	tive date, if other than the date of filing:
ote:	fective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,020. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a
осш	nent's effective date on the Department of State's records.
Perces	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
Lis f	iled,
ated	12/20/2021
	<u> </u>
	Signature of a member or authorized representative of a member How () Typed or printed name of signee
	a A
	Typed or printed name of signee