Florida Department of State Division of Copporations Blectronic Filing Cover Sheet

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(((H250002118193)))



H250002118193ABCS

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : DAVID C. HASTINGS, CPA, PA

Account Number : 120000000168 Phone : (727)322-0909 Fax Number : (727)610-8595

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

Fmail Address: CARELE Q CYCLE- ANALYTICS. LOM

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN H76 PROPERTIES LLC

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Certificate of Status	1
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Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

H76 PROPERTIES LLC			
(Name of the Limit	d Liability Company as it now app A Florida Limited Liability Compan	ears on our records.) y)	
the Articles of Organization for this Limited Li lorida document number <u>L21000005324</u>	ability Company were filed on		and assigned
his amendment is submitted to amend the follo	owing:		
A. If amending name, enter the new name of	the limited liability company	<u>here</u> :	
he new came must be distinguishable and contain the w	ords "Limited Liability Company," t	ne designation "LLC" or	the abbreviation "L.L.C."
Inter new principal offices address, if applic	able:		
Principal office address MUST BE A STREE	T ADDRESS)		
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE	<u></u>		
B. If amending the registered agent and/or in agent and/or the new registered office addre	egistered office address on ou ss here:	ır records, <u>enter th</u>	e name of the new registe
Name of New Registered Agent:	CARRIE E RUCKDESCHEL		
New Registered Office Address:	7825 BOCA CIEGA DR APT		
TION ALDRIGHT	Enter	Florida street address	
	ST PETE BEACH	, Flori	ida 33706 Zip Code
	City		Ζφ Coae

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

H-1-000-11 8192

If amending Authorized rerson(s) authorized to manage, enter invento, enter invento

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	TROY W SPRING	7825 BOCA CIEGA DR APT !	□Add
		ST PETE BEACH, FL 33706	=Remove
			Change
			·- □ Add
			Remove
			☐ Change
			□Remove
			Change
			□ Add
			Remove
			Change
			□Add
			Remove
			☐ Change
			\ _Add
	_		\ _Remove

11750003118193

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of e. No. 11949n 18. 3 added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	TROY W SPRING	7825 BOCA CIEGA DR APT I	□ Add
		ST PETE BEACH, FL 33706	■ Remove
			Change
			<u>·</u> □Add
			Remove
			Change
<u> </u>			□Remove
			Change
			□Remove
			□Add
			\ _Rcmove
			Change
			□Add
<u> </u>			□Remove
			Change