4/9/2021

Division of Corporations



(shown below) on the top and bottom of all pages of the document.

(((H21000142916 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : GASSMAN, CROTTY & DENICOLO, P.A.

Account Number: 075350000514 Phone : (727)442-1200 Fax Number : (727)443-5829

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

Email Address:

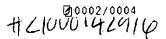
LLC AMND/RESTATE/CORRECT OR M/MG RESIGN 52 GROVES DEVELOPMENT 2, L.L.C. Certificate of Status Certified Copy 03 Page Count Estimated Charge \$25.00

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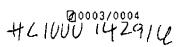
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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

52 GROVES DEVELOPMENT 2, L.L.C.			
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our re Liability Company)	cords.)	
The Articles of Organization for this Limited Liability Company	y were filed on 03/17/2021	and assigned	
Florida document number L21000127263			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	pility company here:	·	
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "	LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	1409 Tech Boulevard, Suite 1		
(Principal office address MUST BE A STREET ADDRESS)	Tampa, FL 33619		
Enter new mailing address, if applicable:	1409 Tech Boulevard, Suit	œ1	
(Mailing address MAY BE A POST OF FICE BOX)	Tampa, FL 33619	2	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>en</u>	ter the name of the new registe	
agent and of the new registered office address nere:			
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
	, Florida		
	City	Zip Code	

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 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 Actio
MGR	Frank P. Ripa	1409 Tech Boulevard, Suite 1	□Add
		Tampa, FL 33619	🖸 Remove
MGR	IGR Joseph C. LaFace	1409 Tech Boulevard, Suite 1	□Add
	Tampa, FL 33619	□Remove	
· -			DbAdd
			□Remove
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Offective date, if other than	the date of filing:	(ontional)	
	s block does not meet the applicable s	(optional) te of filing or more than 90 days after filing.) Purs statutory filing requirements, this date will a	suant to 605.0207 (not be fisted as t
Mire: If the date inserted in thi	e Department of State's records.		
document's effective date on the		at 12:01 a.m. on the earlier of: (b) The 90r	h day after the
document's effective date on the record specifies a delayed effect is filed.		at 12:01 a.m. on the earlier of: (b) The 90t	h day after the
document's effective date on the record specifies a delayed effect is filed.	ctive datc, but not an effective time, a	at 12:01 a.m. on the earlier of: (b) The 90r	h day after the
document's effective date on the record specifies a delayed effect is filed.	ctive date, but not an effective time, a	at 12:01 a.m. on the earlier of: (b) The 90t	h day after the

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