Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H21000147996 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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 STATE ROAD 52 GROVES TITLE, L.L.C.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu Fig. Help 13

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

STATE ROAD 52 GROVES TITLE, L.L.C.	
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.)
The Articles of Organization for this Limited Liability Company Florida document number L21000142583  This amendment is submitted to amend the following:  A. If umending name, enter the new name of the limited liab	were filed on 03/26/2021 and assigned
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abbreviation "L.I.C."
Enter new principal offices address, if applicable:	1409 Tech Boulevard, Suite !
(Principal office address MUST BE A STREET ADDRESS)	Tampa, FL 33619
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	1409 Tech Boulevard, Suite !  Tampa, FL 33619  address on our records, enter the name of the new registered
Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·
New Registered Office Address:	Enter Florida street address
New Registered Agent's Signature, if changing Registered Agent:	City P. Zip Code
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as peing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am familias with and provided for in Chapter 605, F.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

<u>Title</u>	Name	Address	Type of Action
MGR	Frank P. Ripa	1409 Tech Boulevard, Suite 1	□Add
	•	Татри, FL 33619	
			\ 🗏 Change
MGR Joseph C. LaFace	Joseph C. LaPace	1409 Tech Boulevard, Suite 1	□ Add
		Tampa, FL 33619	
			□Add
			□Remove
			☐ Change
			DAdd
			□Remove
			☐ Change
	·		
			□Rcmove
			□Change
			DAdd
			□ Remove
			Change

D. If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
•	
-	
-	
`	
-	
Note:	tive date, if other than the date of filing:  Testive 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 605.0207 (3)(1)  If the date inserted in this block does not meet the applicable starutory filing requirements, this date will not be listed as the ment's effective date on the Department of State's records.
If the recordis 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 iled.
Dated	April 13 , 2021
	Signature of a member or authorized representative of a member
	ALAN S. GASSMAN, AUTH. REP.

Filing Fee: \$25.00

Typed or printed name of signce