Electronic Filing Cover Sheet

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(((H21000427723 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : GERALD WEINBERG, P.C.

Account Number : I20030000043 Phone : (800)342-9856

Fax Number : (800)354-3381

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

Email	Address:				
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### LLC AMND/RESTATE/CORRECT OR M/MG RESIGN CSS JACKSONVILLE III LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
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Electronic Filing Menu Corporate Filing Menu

Help





November 22, 2021

FLORIDA DEPARTMENT OF STATE
Division of Corporations

CSS JACKSONVILLE III LLC 4775 TOWN CENTER PARKWAY ROOM AU1 JACKSONVILLE, FL 32246

SUBJECT: CSS JACKSONVILLE III LLC

REF: L21000466176

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document number listed on the amendment is incorrect the correct number is L21000466176.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6939.

Agnes Lunt FAX Aud. #: H21000427723
Regulatory Specialist III Letter Number: 721A00028252

## (HAIDOUHZ)

#### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NEGOTION 22 MIO

(	SS JACKSON VILLE III LEC	-
(Name of the Limited	Liability Company as it now appears on our records.) Florida Limited Liability Company)	#10.1
(A	Triplica Emilia Empirity Company	Ó.
The Articles of Organization for this Limited Liab	pility Company were filed on 09/27/2021	and assigned 🚄
Florida document number L21000466176		
This amendment is submitted to amend the follow	ving:	
A. If amending name, enter the new name of t	he limited liability company here:	
CSS ST. JOHN'S LLC		
The new name must be distinguishable and contain the wor	ds "Limited Liability Company," the designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applical	ble:	
(Principal office address MUST BE A STREET	ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE B	<u> </u>	
B. If amending the registered agent and/or re	gistered office address on our records, enter the n	ame of the new registered
agent and/or the new registered office address	here:	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Florida	·
	City	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

(H21000 427723 3)

Nov. 22. 2021 3:28FM (GEALD WEINBERG)	-
	ř.

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	Name	Address	Type of Action
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			□ Remove
			Change
			□Remove
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			ПRemove
			□ Change
			CRemove
			Change
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			□Remove
			□ Change

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ne record specifies a delayed effect	ve date, but not an ef	fective time, at 12	:01 a.m. on the ea	ulier of: (b) The	90th day afte	r the
ord is filed.						
NOVEMBER 19	20	21				
Dated	p	1/2	n			
d	Jamence O	il Brian	)			
	Signature of a memb	er or authorized rep	resentative of a more	<u>n</u> ber		
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