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Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

L2100526443

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(((H230001204253)))



H230001204253ABCT

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : COURTACCESS CENTERS, LLC
Account Number : 075350000541
Phone : (813)875-1333
Fax Number : (813)200-1050

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

Email Address: CourtAccess@gmail.com

SECRETARY OF STATE
OFFICE OF ASSISTANT CLERK

2023 MAR 30 PM 1:25

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LLCAMND/RESTATE/CORRECT OR M/MG RESIGN
COURTACCESS CENTERS LLC

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M. SOLOMON

MAR 31 2023

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Corporate Filing Menu

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Audit # H23000120425

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

COURTACCESS CENTERS LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 12/15/2021 and assigned
Florida document number 1,21000526443.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address **MUST BE A STREET ADDRESS**)

9241 BRINDLEWOOD DR

ODESSA, FL 33556

Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

13016 RACE TRACK RD STE 131

TAMPA, FL 33626

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

JOHN A GURBA JR

New Registered Office Address:

9241 BRINDLEWOOD DR

Enter Florida street address

ODESSA

Florida

33556

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.

DocuSigned by:

John A. Gurba Jr.

If Changing Registered Agent, Signature of New Registered Agent

Audit # H23000120425

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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>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	☒ Add
_____	_____	_____	☐ Remove
_____	_____	_____	☐ Change
_____	_____	_____	☐ Add
_____	_____	_____	☐ Remove
_____	_____	_____	☐ Change
_____	_____	_____	☐ Add
_____	_____	_____	☐ Remove
_____	_____	_____	☐ Change
_____	_____	_____	☐ Add
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_____	_____	_____	☐ Change
_____	_____	_____	☐ Add
_____	_____	_____	☐ Remove
_____	_____	_____	☐ Change
_____	_____	_____	☐ Add
_____	_____	_____	☐ Remove
_____	_____	_____	☐ Change

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