

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : GASSMAN & ASSOCIATES, 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.\*\*

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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN 5130 SAN JOSE, LLC

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S. YOUNG

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

5130 SAN JOSE, LLC		
(Name of the Limited Liability Comp (A Florida Limited	nany as it now appears on our records.) I Liability Company)	
The Articles of Organization for this Limited Liability Companies Florida document number L07000056069	y were filed on May 29, 2007	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and end with the words "Limited Lis	ability Company," the designation "LLC" or th	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		<del>기술 경</del>
Enter new mailing address, if applicable:		TO THE TO THE
(Mailing address MAY BE A POST OFFICE BOX)		High the second
B. If amending the registered agent and/or registered office address he	office address on our records, <u>ente</u> re:	r the name SP the new
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

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
MGR	Craig A. Chase	P.O. Box 18402	
		Tampa, FL 33679	■ Remove
MGR_	James L. Chase	101 E. Government Street	<b></b> Add
		Pensacola, FL 32502	□ Removċ
MGR	Michael R. Chase	5016 W. Leona Street	Add
		Tampa, FL 33629	<b>El</b> nove
			FILED CREIMSSEEL
			Sin Remove
			□ Remove
			PM 4.1.
			Ü Add
			Remove

Effective date, if other than the date of filing: The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be matched date this document is filed by the Florida Department of State)	(optional) ore than 90 days after
Dated February 10 2014	
- Clard Sass-	
Signature of a member or authorized representative of a	
ALAN S. GASSMAN, AUTHORIZED REPRESENTATIVI	

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Filing Fee: \$25.00

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