1/600/85915

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S. WARREN JAN 22 2018

COVER LETTER

TO:	Registration Se Division of Cor			
CHRI	Jennis Build	-		
SUD	JEC1.	Name of Limi	ted Liability Company	
The e	nclosed Articles of	Amendment and fee(s) are subt	nitted for filing.	
Pleas	e return all correspo	ndence concerning this matter t	to the following:	
		David S. Jennis		
			Name of Person	
		Jennis Building, LLC		
			Firm/Company	
		606 E. Madison St		
			Address	
		Tampa, FL 33602		
			City/State and Zip Code	
		djennis@jennislaw.com		
		E-mail address: (t	o be used for future annual report notifi	cation)
For fi	urther information c	oncerning this matter, please ca	ill:	
Davi	d S. Jennis		813 229-2800	
Name of Person			at () Area Code Daytime	Telephone Number
Enclo	osed is a check for th	ne following amount:		
■ \$	25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Jennis Building, LLC

(Name of the Lim	ited Liability Compa (A Florida Limited	iny as it now appears on Liability Company)	our records,)	
The Articles of Organization for this Limited 1 Florida document number 1.16000185915		were filed on 10/6/20	and assigned	
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name of	of the limited liab	oility company here:		
606 Madison LLC				
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the design	nation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if appli	cable:			
(Principal office address MUST BE A STRE	<u>ET ADDRESS)</u>			
Patana and the said and the sai		606 E. Madison St.		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		Tampa, FL 33602		
(Materix description 1912 11 1001 101	, DOM			
B. If amending the registered agent and registered agent and/or the new registered of Name of New Registered Agent:	office address her	<u>'e</u> :		
New Registered Office Address:	606 E. Madiso	n St. Enter Florida ,	treet address	
	-	City	, Florida 33602	
New Registered Agent's Signature, if changing	Registered Agent:	<u>.</u>		
I hereby accept the appointment as register provisions of all statutes relative to the propaccept the obligations of my position as registeng filed to merely reflect a change in the company has been notified in writing of this	per and complete istered agent as registered office s change.	performance of my provided for in Cha address, I hereby c	duties, and I dm familly with and oter 605, F.S. Or, if this document is onfirm that the limited hability	
			, 	

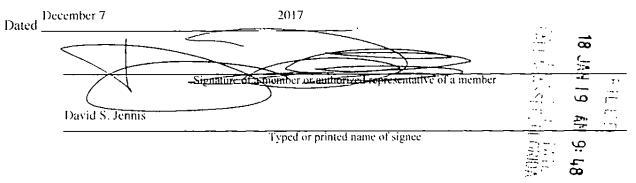
If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person_being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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ve date, if other	than the date of fili	ing:	 (0	ptional)	

If the record 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 record is filed.



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Filing Fee: \$25.00