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COVER LETTER

		ration Section of Corpor			B M.	,
	55	i20 28TH PL	SW. LLC	3	(P1\$P6)	
SUBJEC			Name of Lim	ited Liability Company	•	_ ·
The encl	osed A	rticles of Am	endment and fee(s) are sub	mitted for filing.		
			nce concerning this matter			
		,		Č		
			JACQUELINE A. VELA.	ESQ		
				Name of Person		
			MARC F. OATES P.A.			
	Firm/Company 5515 BRYSON DRIVE, SUITE 502 Address					
	5515 BRYSON DRIVE, SUITE 502 Address					
				Address		
			NAPLES, FL 34109			
				City/State and Zip Code	:	
		<u>-</u>	JVELA@MARCOATESL. E-mail address: (AW.COM to be used for future annua	I report notification)
For furth	ner info	rmation conc	erning this matter, please c		•	
JACQU	ELINE	A. VELA, F	ESQ.		98-1136	
		Name of Po	erson	at () Area Code	Daytime Telepi	hone Number
Enclosed	d is a cl	neck for the f	ollowing amount:			
■ \$25.	.00 Fili	ng Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee Certified Copy (additional copy is en		560.00 Filing Fee. Certificate of Status & Certified Copy radditional copy is enclosed)
		i <mark>g Address:</mark> stration Sec	etion		Address: ration Section	
Division of Corporations		Divisi	Division of Corporations			
		Box 6327 hassee. FL	32314		entre of Tallah: V. Monroe Stre	

Tallahassee, FL 32303

DocuSign Envelope ID. EB326B90-5C38-48D2-84F1-F6BAAC16485A TO ARTICLES OF ORGANIZATION OF

5520 28TH PL SW LLC		
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our re Liability Company)	cords.)
The Articles of Organization for this Limited Liability Company	y were filed on 12/05/2019	and assigned
Florida document number		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
5220 28TH PL SW LLC		
The new name must be distinguishable and contain the words "Limited Liab	sility Company," the designation	"LLC" or the abbreviation "L.L.C.
Enter new principal offices address, if applicable:	5220 28TH PL SW	
(Principal office address MUST BE A STREET ADDRESS)	NAPLES, FL 34116	77 PE 00 19 PE 00 19 PE 00 PE
		FR BE TI
		12
Enter new mailing address, if applicable:		(2) (2)
(Mailing address MAY BE A POST OFFICE BON)		$\mathcal{L}^{\mathcal{B}} \circ \mathcal{L} = \mathbf{D}$
(Stating tidaress Stat) DEPT ONE CONTROL		FL 2
		<u></u>
B. If amending the registered agent and/or registered offic agent and/or the new registered office address here:	e address on our records, §	enter the name of the new reg
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida sweet	actiress
		. 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 Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member Type of Action Address Name Title \square Add □Remove □ Change $\square Add$ □Remove Change □Remove □ Change ____ □Add □Remove ____ □Change ____ □Add □Remove _ □Change

Page 2 of 3

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	(optional)	
Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date Note: If the date inserted in this block does not meet the applicable sta	of filing or more than 90 days after filing.) Pursuant to f	505 0207 (3 isted as th
document's effective date on the Department of State's records.	muot, miligrafimanian and an	
the record specifies a delayed effective date, but not an e	effective time, at 12:01 a.m. on the ea	rlier of:
The 90th day after the record is filed.	,	
Dated		
Double Bart		
Signature of a member or authorized r		

Page 3 of 3

Filing Fee: \$25.00