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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : NAJMY THOMPSON, P.L.

Account Number : I20090000014 : (941)907-3999 Fax Number : (941)840-5559

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

Email Address: Carg Bheath to bay living

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN 171 MCKINLEY LLC

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## **COVER LETTER**

| TO: Registration So<br>Division of Con |  |   |  |
|--|--|---|--|
|  | NLEY LLC   |   |  |
| SUBJECT:                               | Name of Lin  | iited Liability Company   | <del></del>  |
|  | Amendment and fec(s) are sub<br>ondence concerning this matter |   |  |
|  | Sean Kelly   |   | FILE U  RECORDS  RECO |
|  |  | Name of Person  |  |
|  | Najmy Thompson, P.L.   |   | 7.   |
|  |  | Firm/Company  | 98.05  |
|  | 1401 8th Ave W   |   | Ť.   |
|  | <del></del>  | Address   |  |
|  | Bradenton, FL 34205  |   |  |
|  |  | City/State and Zip Code   |  |
|  | Cara@beachtobayliving.co                                       |   | <u> </u>   |
| For further information of             | e-mail address: (  | to be used for future annual report notifiall:                      | acation)   |
| Deividas Gizys                         |  | 941 7482216   |  |
| Name o                                 | f Person   |   | · Telephone Number   |
| Enclosed is a check for the            | he following amount:   |   |  |
| □ \$25.00 Filing Fee                   | S30.00 Filing Fee & Certificate of Status                      | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)  |
|  |  | Co 1.1.1  |  |

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

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| 171 MCKINLEY LLC  |  |                              |
|---|--|------------------------------|
| (Name of the Limited Limbil<br>(A Florid  | ity Company as it now appears on our records.<br>la Limited Liability Company) | )                            |
| The Articles of Organization for this Limited Liability (   | Company were filed on 02/17/2021   | and assigned                 |
| Florida document number L21000081870  | ·····  |                              |
| This amendment is submitted to amend the following:   |  |                              |
| A. If amending name, enter the new name of the lin  | nited liability company here:  |                              |
| he new name must be distinguishable and contain the words "Lir  | mited Liability Company," the designation "LLC"                                | or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable:   | MANAGE 18-1  |                              |
| Principal office address MUST BE A STREET ADD   | RESS)  |                              |
|   |  |                              |
| Enter new mailing address, if applicable:   |  |                              |
| Mailing address MAY BE A POST OFFICE BOX)   |  | <del></del>                  |
|   |  |                              |
| B. If amending the registered agent and/or registere agent and/or the new registered office address here: | ed office address on our records, <u>enter t</u>                               | he name of the new registe   |
| Name of New Registered Agent:   |  |                              |
| New Registered Office Address:  | Enter Florida street address   |                              |
|   |  |                              |
| <del></del>   | , F101   | rida<br>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, 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 |
|--------------|--------------|---------------------|----------------|
| MGR          | Roman Eckert | 1401 8th Ave W      | ≣∧dd           |
|              |              | Bradenton, FL 34205 | □Remove        |
|              |              |                     | □Change        |
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|   |                    |                 |                  |   |   | (S.Z.)                                       |                        | Y .           |
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| e record specifies a delayed effected is filed.   | tive date, but not | an effective ti | me, at 12:01 a   | .m. on the earlier                      | of: (b) Th                                | ie 90th da                                   | y after th             | ne            |
| Dated July 27   |                    | 2021            |                  |   |   |  |                        |               |
|   |                    |                 |                  |   |   |  |                        |               |
| Au an Ihu   | W.                 |                 |                  |   |   |  |                        |               |
| Aug M. Hu   | Signature of a n   | nember or autho | orized represent | ative of a member                       |   |  |                        |               |

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