Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H21000383782 3)))



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Yo:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : BLALOCK, WALTERS, HELD & JOHNSON, P.A

Account Number : 076666003611

Phone : (941)748-0100

Fax Number : (941)745-2093

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

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN EKL PROPERTIES, LLC

Certificate of Status 0 Certified Copy Page Count 04 Estimated Charge \$25.00

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Y SULKER OCT 1 5 2021

COVER LETTER

(((H2 1000 383 782 3))),

TO:	Registration Solivision of Co			
SUBJEC	EKL PROI	PERTIES, LLC		
		Name of Lin	nited Liability Company	
The encl	losed Articles of	Amendment and fee(s) are sul	bmitted for filing.	
Please re	eturn all correspo	ondence concerning this matter	to the following:	
		EILEEN PENNINGTON		
			Name of Person	· <u> </u>
		BLALOCK WALTERS, I	P.A.	
			Firm/Company	
		\$02 HTH STREET WES	Γ.	
			Address	
		BRADENTON, FL 34205		
			City/State and Zip Code	
		epennington@blalockwalte		
		E-mail address: (to be used for future annual report notif	fication)
For furth	er information c	oncerning this matter, please c	all:	
EILEEN	PENNINGTON	1	941 748-0100 at()	
	Name o	f Person		Telephone Number
Enclosed	is a check for th	ne following amount:		
☐ \$25.0	00 Filing Fee	☐ \$30.00 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)

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 (((H 21060383 7823))) TO ARTICLES OF ORGANIZATION OF

EKL PROPERTIES, LLC	•					
(Name of the Li	mited Liability Comp (A Florida Limited	any as it now appears on our deliability Company)	records.)			
The Articles of Organization for this Limited Liability Company were filed on 01/16/2018						
Florida document number L18000011833	· · · · · · · · · · · · · · · · · · ·	and assigned				
This amendment is submitted to amend the fo	nllowing:					
A. If amending name, enter the new name	of the limited liab	pility company here:				
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation	"LLC" or the abbreviation "L.L.C."			
Enter new principal offices address, if appl	icable;	1300 BENJAMIN FRAN	KLIN DR., #1106			
Principal office address MUST BE A STRE	ET ADDRESS)	SARASOTA, FL 34236	F>			
Enter new mailing address, if applicable:		1300 BENJAMIN FRANKLIN DR.;#1,106				
Mailing address MAY BE A POST OFFICE	<u> </u>	SARASOTA, FL 34236	<u> </u>			
Transcribing the mediateral country to						
 If amending the registered agent and/or gent and/or the new registered office addre 	registered office a ess here:	iddress on our records, <u>c</u> i	iter the name of the new regis			
	_					
Name of New Registered Agent:	TIM SHAW, B	LALOCK WALTERS, P.A.				
New Registered Office Address:	2 NORTH TAM	ILAMI TRAIL, #400				
	·	Enter Florida street ac	ddress			
	SARASOTA		, Florida ³⁴²³⁶			
		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

(((H210003837823))

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

Title	<u>Name</u>	Address	Type of Action
			□Add
		· .	□Remove
	•		OChange
			JAdd
			□Remove
			□ Change
~			□Add
			ПRещоve
			Change
			□Add
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	·		□Change
			□Add
			DRemove
	•		□Change
			DAdd
			CRemove

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fective date, if oth	er than the date of filing: the date must be specific and cannot be prior to date of cd in this block does not meet the applicable statute on the Department of State's records.	(optional) filling or more than 90 days after filling.) Pursuant to 605,020 utory filling requirements, this date will not be listed as
in effective date is listed ote: If the date inser	,	
in effective date is lister <u>ote:</u> If the date inser- coument's effective d		2:01 z.m. on the earlier of: (b) The 90th day after the
eccord specifies a delais filed. OCTOBER 14,	yed effective date, but not an effective time, at 17	2:01 z.m. on the earlier of: (b) The 90th day after the
eccord specifies a delais filed. OCTOBER 14,	yed effective date, but not an effective time, at 17	

Filing Fee: \$25.00