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## **COVER LETTER**

TO: Reg Div	gistration Section Ision of Corpor	on rations	e a second and a second	# ₹
SUBJECT:	Bradenton	Depot Investments C	ompany, L.C.	
SUBJECT:		Name of Limit	ted Liability Company	
The enclosed	d Articles of An	endment and fee(s) are subr	nitted for filing.	
Please return	all corresponde	ence concerning this matter t	to the following:	
		Raylee McGough		
			Name of Person	
		John H. Rains III, P.	Α.	
			Firm/Company	
		501 East Kennedy B	Soulevard; Suite 750	
			Address	
		Tampa, FL 33624		
			City/State and Zip Code	
		rmcgough@johnrains		
		·	to be used for future annual report noti	ilication)
For further	information con	cerning this matter, please ca	all:	
Raylee N	/lcGough		813 221-2777	7
	Name of P	erson	Area Code Daytin	ne Telephone Number
Enclosed is	a check for the	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

(Name of the Limited Liability Cor (A Florida Limit	mpany as it now appears on our records.) ted Liability Company)	
The Articles of Organization for this Limited Liability Comparing document number <u>L0000003271</u> .	any were filed on March 22, 2000	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited I	iability company here:	
Bradenton Depot Investments Company, LLC		
The new name must be distinguishable and end with the words "Limited	Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	*****	
(Principal office address MUST BE A STREET ADDRESS	<u> </u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		nter the name of the ne
Name of New Registered Agent:		- A - B
New Registered Office Address:	Enter Florida street address	SS S See
	, Florid	
<del></del>	City	Zip Gqde
New Registered Agent's Signature, if changing Registered Ag	ent:	7m -

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:

Add   Remo	MGR = Mar AMBR = Au	nager , thorized Member		
Remo	<u>Title</u>	<u>Name</u>	Address	Type of Action
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□ Add □ Remo □ Add □ Remo □ Add  □ Remo □ Add  ALCA Remo N SSSS				Remove
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ive date, if other than t	he date of filing: (optional
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te this document is filed by the	Florida Department of State)

Page 3 of 3

Filing Fee: \$25.00

SECRETARY OF STATE
TALLAHASSTE FINEL