# L030000001174

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SECRETARY OF STATE TALLAHASSEE, FL

2022 APR -8 AM 6: 38

O SIMMONS APR 2 2 2022

#### **COVER LETTER**

TO: Registration S Division of Co			
a Pirate, L.L	C.		
SUBJECT:	Name of Limit	ed Liability Company	
The anglecod Articles of	f Amendment and fee(s) are subm	sitted for filing	
	ondence concerning this matter to	<u>-</u>	
	January G. 1997		
	Douglas J. Burns, Esquire		
		Name of Person	
	Doug Burns, P.A.		
		Firm/Company	
	2559 Nursery Road, Suite A		
Address			
	Clearwater, Florida		
		City/State and Zip Code	<del></del> _
	dburnspa@tampabay.rr.com		
	E-mail address: (to	be used for future annual report	notification)
For further information	concerning this matter, please cal	1:	
Douglas J. Burns		727 725-2553	}
Name	of Person	at ()	rtime Telephone Number
Enclosed is a check for	-		_
X \$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 Addre		Street Address	
Registration		Registration	
P.O. Box 63	Corporations 27	Division of C The Centre o	Lorporations of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

### ARTICLES OF AMENDMENT TO

#### FILED

## ARTICLES OF ORGANIZATION 2022 APR -8 AM 6: 38

SECRETARY OF STATE TALLAHASSEE, FL

Pirate, L.L.C.

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company v	vere filed on 06/09/2	2003	_ and assigned
Florida document number L03000021174			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabil	ity company here:		
The new name must be distinguishable and contain the words "Limited Liabilit	y Company," the design	nation "LLC" or the abbr	eviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
	+		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			·- <u>-</u>
B. If amending the registered agent and/or registered office acagent and/or the new registered office address here:	ldress on our reco	ds, enter the name	of the new registered
Name of New Registered Agent:			
New Registered Office Address:			
The registered office reduces.	Enter Florida s	treet address	
		, Florida	
	City		Zip Code
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office accompany has been notified in writing of this change.	performance of my rovided for in Chap	duties, and I am fai oter 605, F.S. Or, if	niliar with and this document is

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
MGRM	Cheryl Ozzie	7916 Garden Drive North	□Add
		St. Petersburg, Florida 33710	Remove
MGRM	Gregg Orzechowski	11400 7th Street East	
		Treasure Island, Florida 33706	□Remove
			■Change
			Remove
		-	□ Change
		-	🗆 Add
		<del></del>	Remove
			□Change
<del> </del>			□Add
			□Remove
		-	Change
			🗆 Add
		<del></del>	□Remove
			□Change

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ote: If	e date, if other than the date of filing:
record : is filed	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 1.
	april 5, 2022.
ated _	The Olive
ated _	Dignature of a idember or authorized representative of a member

Filing Fee: \$25.00