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(Reque	estor's Name)	
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(City/S	itate/Zip/Phone #)	1
PICK-UP	MAIT	MAIL
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(Docus	ment Number)	
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Special Instructions to Fili	ng Officer	

Office Use Only



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2021 HOV -5 AM 8: 55

2021 NOV -5 PM (4:2)



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Account#: I20000000088

Date:	11/05/2021	
Name:		_
	#:1519856	
Entity Nam	e:ROBERT J. BA	NKS HOLDINGS LLC
Artic	cles of Incorporation/Authorization	to Transact Business
✓ Ame	endment	
Cha	nge of Agent	
☐ Rein	nstatement	
Con	version	
☐ Mer	ger	
☐ Diss	olution/Withdrawal	
☐ Ficti	tious Name	
✓ Othe	erCERTIFI	ED COPY UPON FILING
Authorized	Amount / \$55.00	

F: 800.944.6607



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Account#: 120000000088

Date:	11/05/2021	
	Chris Vick	-
Reference #:	1519856	<u> </u>
Entity Name:	ROBERT J. BA	NKS HOLDINGS LLC
	es of Incorporation/Authorization	
✓ Amen	dment	
Chang	ge of Agent	
Reins	tatement	
Conve	ersion	
☐ Merge	er	
Disso	lution/Withdrawal	
Fictition	ous Name	
✓ Other	CERTIFI	ED COPY UPON FILING
Authorized A	s55.00	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ROBERT J. BANK	S HOLDINGS	LLC			
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	pany as it now appea Liability Company)	rs on our records.)			
The Articles of Organization for this Limited Liability Company Florida document numberL0400008763	y were tiled on	February 2, 2	004	and assi	gned
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liab	bility company h	ere:			
The new name must be distinguishable and contain the words "Limited Liab	oility Company," the	designation "LLC" or	the abbreyi	ation "L.I	
			:35C	021	
Enter new principal offices address, if applicable:					
Principal office address MUST BE A STREET ADDRESS)			, , , , , ,		
			<u>··:</u>	ن 	
			<u> </u>	- V	
Enter new mailing address, if applicable:				ဆဲ	فمتد ۴
Mailing address MAY BE A POST OFFICE BOX)			1 T = 1	Ω Ω	
Maning unaress MAT BE A POST OFFICE BOX					
		·			
B. If amending the registered agent and/or registered of	office address o	n our records e	nter the	name	of the n
is. If amending the registered agent and/or registered to registered agent and/or the new registered office address he		n our recorus, <u>e</u>	nter the	name (or the m
egistered agent and or the new registered states agent					
N. C.N. Davinson A. A.					
Name of New Registered Agent:					
New Registered Office Address:					
	Enter Flo	rida street address			
		, Florid	la		
	City			ip 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>	Name	Address	Type of Action
MGR	ROBERT J. BANKS	516 LAKEVIEW ROAD, VILLA III	Œ Add
		CLEARWATER, FLORIDA 33756	Remove
			Change
MGRM	Robert J. Banks, Trustee	9912 WIND TREE BOULEVARD	
	under the Robert J. Banks Revocable Trust Agreement dated 6/19/91	SEMINOLE, FLORIDA 33772	⊡ Remove
			□ Change
		جـ ـــــــــــــــــــــــــــــــــــ	2007 SECTO
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f an effective d <u>Note:</u> If the o	te, if other than that is listed, the date make inserted in this frective date on the	nust be specific and oblock does not me	cannot be prior to set the applicab	date of filing or me le statutory filing	ore than 90 days a	otional) fter filing.) Pur this date will	suant to 60 not be lis	05.0207 sted as
e record s The 90th	pecifies a delay day after the re	ed effective da ecord is filed.	ate, but not	an effective ti	me, at 12:0.	1 a.m. on	the ear	lier of
	November	r 5 / i/	2021/	1)			
Dated		/ s/ludx	laka	th take	/			
Dated		Separative of a 1	la for	ed representative	of a member			

Page 3 of 3

Filing Fee: \$25.00