L04000085919

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COVER LETTER

TO:

Registration Section

Div	ision of Cor	porations		•
	BELTWAY	COMMERCE CENTER GP	LLC	
SUBJECT: Name of Limited Liability Company				<u></u>
The enclosed	d Articles of .	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		VICTORIA LACKEY		
			Name of Person	
		TAURUS INVESTMENT	HOLDINGS LLC	
			Firm/Company	
		610 N WYMORE RD, ST	E 200	
			Address	
		MAITLAND, FL 32751		
		(4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-	City/State and Zip Code	
		VLACKEY@THIOLDING		*,** <u> </u>
			to be used for future annual report not	ification)
For further ii	ntormation co	oncerning this matter, please c	an:	
VICTORIA	LACKEY		407 439-2310 at ()	
	Name of	Person	Area Code Daytin	ne Telephone Number
_		e following amount:		
☑ \$25.00 I	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)
Re Di P.C	iling Addres gistration S vision of C D. Box 632 Ilahassee, I	Section orporations 7	Street Address: Registration Se Division of Co The Centre of 2415 N. Monro	rporations

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO

FILED

ARTICLES OF ORGANIZATION 2021 DEC 20 AH 8: 45

SECRETARY OF STA FALL AHASSEE, F

BELTWAY COMMERCE CENTER GP LLC

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

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	(1111,714,121,111,114,121,113,113,113,113,113,113,113,113,113		
The Articles of Organization for this Limited I Florida document number L04000085919		on FLORIDA	and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name	of the limited liability comp	any here:	
he new name must be distinguishable and contain the	words "Limited Liability Company	y," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:		
Principal office address MUST BE A STRE	ET ADDRESS)		
Mailing address MAY BE A POST OFFICE B. If amending the registered agent and/or agent and/or the new registered office addr	registered office address on	our records, enter the na	me of the new registe
igent and/or the new registered office addr	ess nere:		
Name of New Registered Agent:	VICTORIA LACKEY		
New Registered Office Address:	610 N WYMORE RD, ST	E 200	
	Ei	nter Florida street address	
	MAITLAND	, Florida _	32751 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	LINDA KASSOF	610 N WYMORE RD, STE 200	
		MAITLAND, FL 32751	DRemove
		****	□Change
MGR	NANCY SCOTTON	610 N WYMORE RD, STE 200	□Add
		MAITLAND, FL 32751	□Remove
			□Add
			□Remove
			□Change
			□Add
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