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COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Division of Corp	porations		
SUBJECT: Stad	Name of Lim	OF TUIONUSSE ited Liability Company	e, LLC
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	idence concerning this matter	to the following:	
	Daniel v	MUNAUJA Name of Person	
	manausa,	Shaw + min(acci_
	1701 Herm	Iltage blvd, Su	Ite 100
	tallana	sel, Fi 3231	2021 S
	Dann	City/State and Zip Code	law con
For further information co	ncerning this matter, please ca	all:	
Katie Ro	1C	ut (850) 597	= 1010
Name of	Person	Area Code Daytimo	e Telephone Number
Enclosed is a check for the	e 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 S Division of Co P.O. Box 6327	ection orporations	Street Address: Registration Sec Division of Corp The Centre of T	porations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Stadium Place of Tallahasse, LC

(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 Lin Florida document number LOSOOO	ability Company were filed	d on 8/18/20	0 <u>8 </u> an	d assig	gned
This amendment is submitted to amend the follo	wing:				
A. If amending name, enter the new name of	the limited liability com	pany here:			
The new name must be distinguishable and contain the we	ords "Limited Liability Compar	ny," the designation "LLC" or	the abbreviation	n "L.L	C."
Enter new principal offices address, if applica	ble:			~	
(Principal office address MUST BE A STREE	ADDRESS)	···	<u>PE</u>	921 S	
			<u> </u>	SEP.] ;
				$\overline{\omega}$	e wyrith
Enter new mailing address, if applicable:				70	
(Mailing address MAY BE A POST OFFICE I	<u></u>		(Maya Tast of	; ,	لمديدة
				29	
B. If amending the registered agent and/or reagent and/or the new registered office address	gistered office address o <u>shere</u> :	n our records, enter the	name of th	e new	registered
Name of New Registered Agent:					
New Registered Office Address:	12	age BIVO SU			
	Tallahaise	e Florid	a 3231	<u> 8</u> c	
New Registered Agent's Signature, if changing R	0.0		Zip (?ode	

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 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
MGRM	FSUIPAling.com, LLC	1311 Jackson Bluff Poo	<u>ld</u> □Add
		Tall anascel Ft 32304	X Remove
			□Change
MGRM	Stadium Property Rento	Ns, LLC	XAdd
		P.O. BOX 20438	□Remove
		Tallahaisee, FL 32316	□Change
			□Add
			202 Ep
			Genange
		(7.3) (47) (47)	PR 75
			□Remove
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Effective date, if other than the date of filing: (optional) f an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pur Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will document's effective date on the Department of State's records.	
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record specifies a delayed effective date, but not an effective time, at 12:01 a m, on the earlier of: (b). The 90	
l is filed.	h day after the
September 7 . 2021. Signature of a member or authorized representative of a member	