16:12

5/10/22, 5:08 PM

Division of Corporations

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000168265 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : MANAUSA SHAW & MINACCI

Account Number : I20210000086

Phone

: (850)597-7616

Fax Number

: (850)270-6148

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN STADIUM PLACE OF TALLAHASSEE, LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

2022 Hai 11 hn 9:

Electronic Filing Menu

Corporate Filing Menu

XU3IM31 T

## **COVER LETTER**

(((H22000168265 3)))·

TO: Registration Se Division of Cor			
	PLACE OF TALLAHASSEE,	LLC	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	indence concerning this matter	to the following:	
	Daniel E. Manausa		
	<del></del>	Name of Person	
	Manausa Shaw Minacci		
		Firm/Company	
	1701 Hermitage Blvd, Suit	te 100	
		Address	
	Tallahassee, Fl 32308		
		City/State and Zip Code	
	danny@manausalaw.com	to be used for future annual report noti-	Fcerion)
For further information of	concerning this matter, please c		
katie Rae		850 597-7616 at ()	
Name o	of Person	Area Code Daytim	e Telephone Number
Enclosed is a check for the	he following amount:		
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S\$5.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres		<u>Street Address:</u> Registration Sec	ction
Division of C		Division of Cor	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(((H22000168265 3)))

STADIUM PLACE OF TALLAHASSEE, L			
(Name of the Limited Liabili (A Fioridi	ty Company as it now appears on a Limited Liability Company)	our records.)	
The Articles of Organization for this Limited Liability C	Company were filed on $\frac{3/18/26}{2}$		and assigned
Florida document number L05000027391	<del>'</del> '		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lim	ited liability company here:		
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the desig	nation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADD)	RESS)		
Enter new mailing address, if applicable:	<u></u>		
(Mailing address MAY BE A POST OFFICE BOX)			
		.~ <b>u</b>	
B. If amending the registered agent and/or registere	d office address on our reco	rds, enter the man	ie of the new register
agent and/or the new registered office address here:		Ţ ?	₩
Name of New Registered Agent:			<del>-</del> <del>-</del> -
New Registered Office Address:		<u></u>	
	Enter Florida	street address	- <del>-</del>
<del></del>		, Florida 🚉	- OI
	Citv		Ztp 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.

05/10/2022 16:13 (FAX) P.004/005

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

(((H22000168265 3)))

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Robert Kasper	Post Office Box 20438	■Add
		Tallahassee, FL 32316	□Remove
		<del></del>	Change
			□.Add
			□Remove
			☐ Change
			□Add
			□Remove
			□ Change
			□Add
			□Remove
			Change
			□Remove
			□Change
	<del></del>		□Add
			□Remove

(((H22000168265 3)))

						_
		<del></del>		<del></del>		
						_
		<del></del> .		<del></del>		_
	<u></u>				<u>.</u>	_
				··		
	······································					_
						_
					<del></del>	
	· · · · · · · · · · · · · · · · · · ·					_
	<del></del> ;			<del></del> -		_
						_
	· · · · · -					_
						_
		<del>-</del>	<del></del>			
			<del>-</del>			_
ffective date, if ot	her than the date o	f filing:		(op	tional)	
lote: If the date ins	ther than the date o ted, the date must be spec- erted in this block doe date on the Departme	es not meet the app	dicable statutory till	more than 90 days af ing requirements, t	er filing.) Pursuant to 6 his date will not be l	505.0207 isted as
record specifies a d is filed.	elayed effective date,	but not an effectiv	e time, at 12:01 a.m	. on the earlier of:	(b) The 90th day a	fter the
ated May 10	0 -	2022				
<u>-</u>						

Typed or printed name of signee

Filing Fee: \$25.00