

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

L0800044119

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To: Division of Corporations
Fax Number : (850)617-6383

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Account Number : 870540000565
Phone : (941)952-0990
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2022 MAY 10 PM 12:06

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

Email Address: tsweet@sweetsparkman.com

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
2168 MAIN STREET, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

MAY 12 2022

M. SOLOMON

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

H22000166919 3

2168 MAIN STREET, LLC

(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 were filed on May 2, 2008 and assigned
Florida document number L08000044119.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

1819 Main Street, Suite 400

Sarasota, FL 34236

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1819 Main Street, Suite 400

Sarasota, FL 34236

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

N/A

New Registered Office Address:

N/A

Enter Florida street address

N/A

Florida

City

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.

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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>	<u>Address</u>	<u>Type of Action</u>
MGRM	Claudia Shea-Sweet	2168 Main St, Sarasota, FL 34237	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	Todd M Sweet	1819 Main St, Sarasota, FL 34237	<input type="checkbox"/> Add
		(Address Change)	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGRM	Jerald P. Sparkman	1819 Main St, Sarasota, FL 34237	<input type="checkbox"/> Add
		(Address Change)	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGRM	Leslie Sparkman	1819 Main St, Sarasota, FL 34237	<input type="checkbox"/> Add
		(Address Change)	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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N/A

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