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Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

ACCOUNT Name : GASSMAN, CROTTY & DENICOLO, P.A.

Account Number : 075350000514

Phone : (727)442-1200 Fax Number : (727)443-5829

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

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN 16313 US 19, L.L.C.

Certificate of Status	0
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Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

16313 US 19, L.L.C.	
(Nume of the Elmited Liability Company as it now (A Florida Limited Liability Com	appears on our records.)
he Articles of Organization for this Limited Liability Company were filed	on and assigned
orida document number L08000099920	
his amendment is submitted to amend the following:	
. If amending name, <u>enter the new name of the limited liability comp</u>	any here:
<u> </u>	
ne new name must be distinguishable and contaid the words "Limited Liability Company	y," the designation "LLC" or the abbreviation "L.L.C."
Vivo	
nter new principal offices address, if applicable:	
rincipal office address MUST BE A STREET ADDRESS)	<u>} </u>
<u> </u>	<u></u>
· 	31 Y
. 4	
nter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	<u></u>
<u> </u>	<u> </u>
	**
. If amending the registered agent and/or registered office udur	ees on our records enter the name of the D
egistered ugent and/or the new registered office address here:	cos on our records, enter the name
Ristered agent andror the new registrated office address avec.	
III	
Name of New Registered Agent:	
NI NI	
New Registered Office Address:	nter Florida street address
	Hiller I state iden men par demandan
	, 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.

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

Type of Action

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	NETTIE HOLT	16313 US 19 N ₁	
		CLEARWATER, FL 33764	■ Remove
			☐ Change
MGR	KAREN L. SCARFONE	16313 US 19 N.	
		CLEARWATER, FL 33764	☐ Remove
			Change
MGR	V. DENISE KOVACH	16313 US 19 N.	
		CLEARWATER, FL 33764	□ Remove
			Change
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			Remove
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Effective date, if other that	n the date of filing:	(optional) te of filing or more than 90 days after filing.) Pursuant to 605
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he record specifies a del The 90th day after the	ayed effective date, but not an record is filed.	effective time, at 12:01 a.m. on the earlie
Dated November 21	, 2017	
KENNETH J. CR	Signature of a morniber or authorized	
	Typed or printed na	
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