## 109000 98630

(Re	questor's Name)	1
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificate	es of Status
Special Instructions to	Filing Officer:	
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## **COVER LETTER**

, Div	ision of Cor	porations		
SUBJECT:	301 CONE	GROVE LLC		
(additional copy is enclosed) Certified Copy				
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:	
		CARRIE CHRISTINO		
			Name of Person	
		SOHO CAPITAL LLC		
			Firm/Company	
701 S HOWARD AVE STE 106-322				
			Address	
		TAMPA, FL 33606		
		<del></del>	City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·
		•		
		E-mail address: (	to be used for future annual report notifi	cation)
For further in	nformation co	oncerning this matter, please ca	all:	
CHARLES	BRUCK			
	Name of	f Person		Telephone Number
Enclosed is a	a check for th	ne following amount:		
		_	□ \$55.00 Filing Fee &	C \$60 00 Filing Fee
<u> </u>	mig i co		Certified Copy	Certificate of Status &

**MAILING ADDRESS:** 

TO:

**Registration Section** 

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

301 CONE GROVE LLC	•		· · · · · · · · · · · · · · · · · · ·
(Name of the Limited Liability Com (A Florida Limite	npany as it now appe ed Liability Company)	ars on our records.)	
The Articles of Organization for this Limited Liability Compa Florida document number <u>L09000098630</u> .	ny were filed on _	10-12-09	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited li	ability company l	nere:	
The new name must be distinguishable and contain the words "Limited Lie	ability 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)			SS SE
			AY ORE
			7 687
Enter new mailing address, if applicable:			<b>3</b> 890 €
(Mailing address MAY BE A POST OFFICE BOX)			STATE OF THE PROPERTY OF THE P
			ONE SHOOT
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h		n our records, <u>ente</u>	er the name of the new
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Flo	orida street address	
		, 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, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	CHARLES BRUCK	701 S HOWARD AVE	Add
		STE 106-322	Remove
		TAMPA, FL 33606	☐ Change
	<u></u>		Add
			Remove
			□ Change
		<del></del>	□ Add
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Effective	date, if other than the date of file	5/3/18 ing:	((	optional)	
If an effect	ive date is listed, the date must be specific at the date inserted in this block does no	and cannot be prior to date	e of filing or more than 90 days	after filing.) Pursuant to 605.0	
	t's effective date on the Department o		iatutory ming requirements	, this date will not be listed	a as i
	rd specifies a delayed effective Oth day after the record is file		effective time, at 12:0	)1 a.m. on the earlie	er of:
M	AY 3	2018			
Dated	AY 3	·			
		CAD	<b>^</b> ^		
	Signature of	f a member or authorized	representative of a member		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00