

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

L10000061457

**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.

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**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 : GASSMAN, CROTTY & DENICOLA, P.A.  
Account Number : 075350000514  
Phone : (727)442-1200  
Fax Number : (727)443-5829

2022 NOV -9 AM 9:27  
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FL

**\*\*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  
LAW OFFICES OF DANIEL C. CONSUEGRA, P. L.**

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

C. BRUMBLEY  
NOV 10 2022

2022 NOV -9 PM 2:24

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Audit Fax #  
#22000383444 3

LAW OFFICES OF DANIEL C. CONSUEGRA, P. L.

(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 06/08/2010

Florida document number LI0000061457

This amendment is submitted to amend the following:

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

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**)

4045 NORTH RIVER VIEW AVENUE

TAMPA, FL 33607

Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

4045 NORTH RIVER VIEW AVENUE

TAMPA, FL 33607

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:

ALAN S. GASSMAN, ESQ.

New Registered Office Address:

1245 COURT STREET

Enter Florida street address

CLEARWATER

Florida 33756

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

Audit Fax # #22000383444 3

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

Add Fax#  
H220003834443

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	DANIEL CONSUEGRA	9210 KING PALM DRIVE	<input type="checkbox"/> Add
		TAMPA, FL 33619	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	DANIEL CONSUEGRA	4045 NORTH RIVER VIEW AVENUE	<input checked="" type="checkbox"/> Add
		TAMPA, FL 33607	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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Add Fax# H220003834443

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**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

Effective date, if other than the date of filing: \_\_\_\_\_ (Optional)  
(If 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.) Pursuant to 605.0207 (3)(b),  
if the date of filing is not listed, the date of filing is not required to be listed. If the date of filing is not listed, this date will not be listed as the  
date of filing.

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated November 9 2022

Alfred

ALAN S. GASSMAN, ESQ., Authorized Representative

Typed or printed name of signee

Audit File # H 22000383444 3

**Filing Fee: \$25.00**