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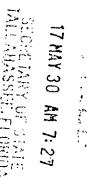
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COVER LETTER

	gistration Sec vision of Corp		٠.	
SUBJECT:	INGRAHAI	M 5402, LLC		
301131.01		Name of Lim	ited Liability Company	
The enclose	ed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please retur	n all correspor	ndence concerning this matter	to the following:	
		DANTE CONTO		
			Name of Person	
		PORT TAMPA HOLDING	GS, LLC	
		· · · · · · · · · · · · · · · · · · ·	Firm/Company	
		5418 W INGRAHAM ST		
			Address	
		TAMPA, FL 33616		
			City/State and Zip Code	
		RRCONTO@GMAIL.CON		
			to be used for future annual report notifi-	cation)
For further i	information co	oncerning this matter, please ca	all:	
DANTE CO	OTYO		813 902-8900 at ()	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is	a check for the	e following amount:		
\$25.00	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS: 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

INGRAHAM 5402, LLC					
(Name of the Lim	ited Liability Company (A Florida Limited Lia	as it now appears on our r bility Company)	ecords.)		_
he Articles of Organization for this Limited I orida document number L10000083179	Liability Company w	rere filed on 08/09/2010		and	assigned
his amendment is submitted to amend the fol	llowing:				
. If amending name, enter the new name	of the limited liabili	ty company here:			
ne new name must be distinguishable and contain the	words "Limited Liability	Company," the designation	"LLC" or th	e abbreviation	"L.L.C."
nter new principal offices address, if appli	icable:				
Principal office address MUST BE A STRE	ET ADDRESS)				
iter new mailing address, if applicable:					
failing address MAY BE A POST OFFICE	E BOX)			<u></u>	****
If amending the registered agent and gistered agent and/or the new registered of	d/or registered offi office address here:	ce address on our re	cords, <u>en</u>	ter the nam	ne of the
Name of New Registered Agent:	W. GREGORY C	GOLSON, ESQUIRE	-	AHA AHA	¥
New Registered Office Address:	17425 BRIDGE I	HILL COURT, STE 202		SSE	
		Enter Florida street d	address	<u> </u>	p.,
	TAMPA		_, Florida		y men-
Designation of Accentic Cimpotons of the serious		City		Zip 80	le

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	CONTO, DANTE	5418 W INGRAHAM ST	Add
		TAMPA, FL 33616	■ Remove
			☐ Change
MGR	CONTO, DANTE	5418 W INGRAHAM ST	Add
		TAMPA, FL 33616	☐ Remove
			☐ Change
MGRM	CONTO, DARLENE	5418 W INGRAHAM ST	Add
		TAMPA, FL 33616	Remove
			☐ Change
			□ Add
			☐ Remove
			☐ Change
			□ Add
			Remove
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an effective date ote: If the date	e inserted in th	his block doe	s not mee	t the applic	cable statui	liling or mor tory filing 1	e than 90 days requirements	after filing , this date	g.) Pursu e will n	ant to 6 ot be li	05.020 sted as
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