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COVER LETTER

TO:		tion Section of Corpor		ļ		
enn n		N LOIS	AVENUE, LLC			
SUBJE	.CI:		Name of Limit	ed Liability Con	pany	
The en	closed Artic	cles of Am	endment and fee(s) are subm	itted for filing		
Please	return all co	orresponde	nce concerning this matter to	the following	,	
			Russell Winer, Esq.			
				Name of P	erson	
				Firm/Com	pany	
			520 4th St N Stc 102			
				Addre	s	
			St Petersburg FL 33701			
				City/State and	Zip Code	
		-	E-mail address: (to	be used for fut	re annual report notifie:	ition)
For fur	ther inform	ation conc	erning this matter, please call	l:		
Russel	l Winer			727 at (821-4000	
Name of Person		Area	Ode Daytime T	elephone Number		
Enclose	ed is a chec	k for the fo	ollowing amount:	ì		
\$25	5.00 Filing	Fee [□ \$30.00 Filing Fee & Certificate of Status	S55.00 Fil Certified (additional		☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	 	Registratio Division of P.O. Box 6	Corporations		STREET/COURIED Registration Section Division of Corporati Clifton Building 2661 Executive Cente Fallahassee, FL 3230	ons er Circle

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION

4415 N LOIS AVENUE, LLC			
(Name of the Limit	ed Liability Compar (A Florida Limited L	v as it now appears on our records.) ability Company)	
The Articles of Organization for this Limited L Florida document number L10000124461	iability Company	were filed on 12/03/2010	and assigned
This amendment is submitted to amend the foll-	owing:		
A. If amending name, <u>enter the new name o</u>	f the limited liabi	ity company here:	
The new name must be distinguishable and contain the w	ords "Limited Liabili	y Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applic	able:		
(Principal office address MUST BE A STREE	TADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE) B. If amending the registered agent and/ registered agent and/or the new registered of	or registered of		SECRE TARY OF STATE TALLAHASSEE, FLOREDA 18 JAN 18 AH 2: 56 name
New Registered Office Address:		Enter Florida street address	
		Florid	9
		City	Zip Code
New Registered Agent's Signature, if changing I	Registered Agent:		
I hereby accept the appointment as registere provisions of all statutes relative to the propaccept the obligations of my position as regineeing filed to merely reflect a change in the company has been notified in writing of this	er and complete p stered agent as p registered office o	performance of my duties, and I povided for in Chapter 605, F.S.	am familiar with and Or, if this document is
	If Chan	ging Registered Agent, <u>Signature of Ne</u>	w 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 Address Type of Action <u>Name</u> <u>Title</u> Lynn B. Steele 5707 Paritan Rd, Tampa, FL 33617 MGR **≅** Add (Add this name) ☐ Remove □ Change STEELE, DAVID M REMOVE. MGR _□ Add d/o/d 3.25.17 ■ Remove ☐ Change PANASENY, THOMAS J (no charges -DO NOT REMOVE) MGR □ Add ☐ Remove _ Change _□ Add _□ Remove _□ Change _□ Add □ Remove ☐ Change _□ Add □ Remove Change

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