LIO 000124461

(Requestor's Name)	_
(Address)	÷
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(Document Number)	_
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COVER LETTER

TO: Registration S Division of Co			
	ois Avenue, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Jacob I. Reiber		
		Name of Person	
SUBJECT: Name of Limited Liability Company			
		26650 Wesley Chapel Blv	d., Suite A
Jacob I. Reiber, P.A. Finn/Company 26650 Wesley Chapel Blvd., Suite A Address Lutz, Florida 33559-7203 City/State and Zip Code jacob.reiber@reiberlawgroup.com E-mail address: (to be used for future annual report notification) or further information concerning this matter, please call: acob I. Reiber 813 973-0883			
	Lutz, Florida 33559-7203		
		City/State and Zip Code	
	•		
			ication)
For further information	concerning this matter, please c	all:	
Jacob I. Reiber		at ()	
Name	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for	the following amount:		
■ \$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
Registration	Section Corporations 27	Registration Sec Division of Cor The Centre of T	porations allahassee Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

4415 N. Lois Avenue, LLC		2020	DEO	
(Name of the Limit	ed Liability Compa (A Florida Limited l	ny as it now appears of ability Company)	or var/records.) Alf 6: 53	
The Articles of Organization for this Limited Li Florida document number L10000124461	ability Company	were filed on Dece	mber 3, 2010	and assigned
This amendment is submitted to amend the follo	owing:			
A. If amending name, enter the new name of	f the limited liab	ility company here	:	
The new name must be distinguishable and contain the w		lity Company," the desi 4908 West Bay W		previation "L.L.C.
Enter new principal offices address, if applicable:		Tampa, Florida 33		
Principal office address MUST BE A STREE	<u>I ADDRESS)</u>			
				
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE	<u>BOX)</u>		<u> </u>	
		<u></u>		
B. If amending the registered agent and/or ragent and/or the new registered office addre	egistered office	address on our rec	ords, <u>enter the nam</u>	e of the new register
agent and/or the new registered office addre	ss liere.			
Name of New Registered Agent:	Lenny Puglio			
New Registered Office Address:	4908 West Bay	y Way Place		
		Enter Florid	la street address	
	Tampa		, Florida Fi	orida 33629
		Circ		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 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
MGR	Lynn B. Steele	10961 N CR 150 E	□Add
		Pittsboro, Indiana 46167	≅Remove
			□Change
			□Add
			□ Remove
			□Remove Change Change
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December 14 Decemb	o date of filing or more than 90 days after fili	ng.) Pursuant to 605,0207
ecord specifies a delayed effective date, but not an effective tin is filed.	ne, at 12:01 a.m. on the earlier of: (b)	The 90th day after the
Leanby 16 2020 Leonard Lugles	Ju AKAJA	iny tug
		/ / //
Signature of a memory or author	rizer representative of a member —	0