L10000132281

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COVER LETTER

TO: Registration \ Division of C					
SUBJECT:	PASQUALO	ONE PLAZA, LLC			
	Name of Limit	led Liability Company			
The enclosed Articles	of Amendment and fee(s) are sub	mitted for filing.			
Please return all corres	pondence concerning this matter	to the following:			
	D	AWN PASQUALONE			
		Name of Person			
C/O BISON STORAGE					
		Firm/Company		TACILITY OF THE PARTY OF THE PA	
2166 DREW STREET				MR JUN 15	
Address				15 SS	
	CLE	EARWATER, FL 33765			
		City/State and Zip Code			Was year
	DPAS	SQUALONE@AOL.COM to be used for future annual report notifical	tion)	\$ 2 \$ 2	
For further information	n concerning this matter, please of		,		
DAW	N PASQUALONE	at (727) 46	61-3676		
Name of Person		Area Code & Daytime T	elephone Number	<u> </u>	
Enclosed is a check fo	r the following amount:				
	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	ite of Status &	osed)
	ILING ADDRESS: istration Section	STREET/COURIE Registration Section	R ADDRESS:		

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PASQUA	ALONE PLAZA, LLC			
(<u>Name of the Limited Liabilit</u> (A Florida	ty Company as it now appears on Limited Liability Company)	our records.)		
The Articles of Organization for this Limited Liability	Company were filed on DECE	MBER 29, 2010	and as	signed
Florida document number L10000132281				
This amendment is submitted to amend the following:				·
A. If amending name, enter the new name of the lin	nited liability company here:			
BIS	ON PLAZA, LLC			
The new name must be distinguishable and end with the would be used. "L.L.C."	ords "Limited Liability Company,"	the designation "LLC	" or the	abbreviatio
Enter new principal offices address, if applicable:	·	P(·	<u> </u>	<u> </u>
(Principal office address MUST BE A STREET ADD	RESS)	5 € 5	2 JUN	
		<u> </u>		* I
			ഗ	
Enter new mailing address, if applicable:		1, 12		
(Mailing address MAY BE A POST OFFICE BOX)		97		*
		Ü.	2	
B. If amending the registered agent and/or registered agent and/or the new registered office ad-		records, <u>enter the</u>	name	of the nev
Name of New Registered Agent:				
New Registered Office Address:				
	Enter l	Florida street addres	S	
<u> </u>		, Florida		•
	City		Zip Coa	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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member <u>Title</u> <u>Name</u> <u>Address</u> **Type of Action** □ Add Remove ☐ Add Remove ☐ Add ☐ Remove ∏Add Remove **₽**Add Remove رپي D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated Signature of a member of authorized representative of a member DAWN PASQUALONE Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00