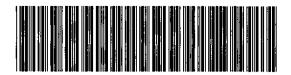
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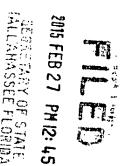
(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: 10704 Key Gune Way LCC Name of Limited Liability Company	
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Counie Gr. Lindsay Name of Person 10704 Key Line Way, LLC Firm/Company 10704 Key Line Way Address Tampa Fla. 33612 City/State and Zip Code	•
E-mail address: (to be used for future annual report notification)	T
For further information concerning this matter, please call: Connie G. Lindsay at 813 900 - 9422 FS Name of Person Area Code Daytime Telephone Number RESTORED	
Enclosed is a check for the following amount:	
\$25.00 Filing Fee Certificate of Status Certificate of Status 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

10704 Sec.	ed Liability Company as it (A Florida Limited Liability	pow appears on our	records.)	<u> </u>	
	(A Florida Limited Liability	Company)			
The Articles of Organization for this Limited List Florida document number <u>LI2000/0/0</u>		filed on	l <u> 7012</u>	and assig	med
This amendment is submitted to amend the follo	wing:				
A. If amending name, enter the new name of	the limited liability co	ompany here:			
Lindsau Grow	n Propertu	15 TV	LLC		
The new name must be distinguishable and end with the	vords "Limited Liability Co	mpany," the designati	on "LLC" or the	abbreviation "L.I	L.C."
Enter new principal offices address, if applica	ıble:				
(Principal office address MUST BE A STREE)	T ADDRESS)			20. 20.	
				्रिक्ष 📆	
				1 8 2	egysztkalálta germentári
Enter new mailing address, if applicable:				7	Countries B
(Mailing address MAY BE A POST OFFICE I				F S	- []]
			•	33 3	A James P
				5 5	
B. If amending the registered agent and/oregistered agent and/or the new registered off		ddress on our r	ecords, <u>enter</u>	the name of	f the new
	1 -	11	/		
Name of New Registered Agent:	Connic	Q. LINE	15ay		
New Registered Office Address:	10015	N. GM Enter Florida street	54		PANU-12-112-12
	Tampa	Zinci i winda aileei		33612	
	Cit	y .		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

	N/A
	
	<u> </u>
- Continue	data if other than the data of fillings
	date, if other than the date of filing:
the date th	
	is document is filed by the Florida Department of State)
the date th	is document is filed by the Florida Department of State)

Page 3 of 3

Filing Fee: \$25.00

