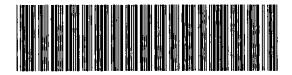
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(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
. (Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

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COVER LETTER

TO: Registration So Division of Cor			
Oldsmar 40			
SUBJECT:	Name of Limi	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are subr	nitted for filing.	
Please return all correspo	ondence concerning this matter t	o the following:	
	Jeffrey Sherman		
		Name of Person	
		Firm/Company	
	3874 Tampa Road		
	OLL Sl. 24/27	Address	· · · · · · · · · · · · · · · · · · ·
	Oldsmar, Fl 34677	City/State and Zip Code	
	shrmlw@es.com E-mail address: (1	o be used for future annual report noti	fication)
For further information of	oncerning this matter, please ca	ili:	
Jeffrey Sherman		813 855-0700 at () Area Code Daytim	
Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed is a check for t	ne 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 Fec. 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

Oldsmar 400, LLC			
(<u>Name of the Limited Lia</u> (A Flo	bility Compa rida Limited I	ny as it now appears on our Liability Company)	records.)
The Articles of Organization for this Limited Liability Florida document number L12000115999	y Company	were filed on	2 and assigned
his amendment is submitted to amend the following	:		
A. If amending name, <u>enter the new name of the l</u>	imited liab	ility company here:	
he new name must be distinguishable and contain the words "l	imited Liabil	lity Company " the designation	n "I I C" or the abbreviation affe I C"
Enter new principal offices address, if applicable:	Emilica Elaon	Oldsmar 400, LLC	The Die of the about visit of the second
Principal office address MUST BE A STREET AD	DRESS)	3874 Tampa Road	55 - T
		Oldsmar, Fl 34677	100 TO 100
Enter new mailing address, if applicable:		Oldsmar 400, LLC 3874 Tampa Road	7 2: 53
<u>Mailing address MAY BE A POST OFFICE BOX)</u>	•	Oldsmar, Fl 34677	·
3. If amending the registered agent and/or re registered agent and/or the new registered office a			ecords, enter the name of the n
Name of New Registered Agent: Jef	frey Sherma	n	
New Registered Office Address: 38	74 Tampa Re	oad	
-		Enter Florida stree	t address
Ole	dsmar		, Florida <u>34677</u>
		City	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 Charleing 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
MGR	Todd Berger		□ Add
			■ Remove
			☐ Change
MGR	SANTO CAROLLO	3874 TAMPA ROAD	Add
		OLDSMAR, FL 34677	Remove
			Change
			☐ Remove
			Change
			Add
			Remove
			Change
			Remove
			☐ Add
			□ Remove
			□ Change

If amending any other informa	ation, enter change(s) here: (Attach additional sheets, if necess	sary.)	
			
		<u> </u>	
· · · · · · · · · · · · · · · · · · ·			
			
. –			
If an effective date is listed, the date mu	e date of filing: (option st be specific and cannot be prior to date of filing or more than 90 days after fil lock does not meet the applicable statutory filing requirements, this department of State's records.	ling.) Pursuant to 605.0	207 (3 i as th
ne record specifies a delayed The 90th day after the rec	d effective date, but not an effective time, at 12:01 a.r cord is filed.	n. on the earlier	of:
Dated	, 2015	2015 TALL	
	5) -		g).x
	Signature of a member or authorized representative of a member	10]=]
SANTO CAROLLO			1
 .	Typed or printed name of signee	- <u>- </u>	tie

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