Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : NICI LAW FIRM, P.L.

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**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN NORTH TAMI, LLC

Certificate of Status	0
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Page Count	03
Estimated Charge	\$25.00

Help

09/24/2021 -05:41 AM

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NORTH TAMI, LLC			
(Name of the Limi	ted Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited L Florida document number 1.1.3000064641	iability Company	were filed on 05/02/2013	and assigned
This amendment is submitted to amend the following	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	vords "Limited Liabí	lity Company," the designation "LLC" or the	e abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		2601 South Tamiami Trail	
		Sarasota, FL 34239	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		2601 South Tamiami Trail	
		Sarasota, FL 34239	
B. If amending the registered agent and/or agent and/or the new registered office address. Name of New Registered Agent: New Registered Office Address:	registered office ess here: N/A 2601 South Ta		affice of the new registere FILED Signature FILED Signature FILED Signature FILED Signature FILED Signature FILED
	Sarasota	Florida	34239
		City	Žip 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>	Name	Address	Type of Action
MGR	SIRENA MANAGEMENT, LLC	2601 South Tamiami Trail	
		Sarasota, FL 34239	□Remove
			■Change
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			□Remove
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