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COVER LETTER

TO: R

Registration Section Division of Corporations

Lot 0 North Dale Mabry Hwy LLC

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:

Mark S Berset

Firm/Company

Name of Person

One Beach Drive SE Suite 230

Address

St Petersburg, FL 33701

City/State and Zip Code

lorib@comegys.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mark S Berset

Name of Person

,727、515-

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

□ \$25.00 Filing Fee

■ \$30.00 Filing Fee & Certificate of Status

□ \$55.00 Filing Fee & Certified Copy

(additional copy is enclosed)

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 ARTICLES OF ORGANIZATION **OF**

LOT O, NORTH DALE MABRY HWY LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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The Articles of Organization for this Limited Liability Company w Florida document number <u>L13000094804</u> .	rere filed on June 26, 2013	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabili	ty company here:	
LOT 0 NORTH DALE MABRY HWY LLC		
The new name must be distinguishable and end with the words "Limited Liabili	ty Company," the designation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:	And the blanch and the total to the state of	en e
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office address here:	· -	he name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	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 Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Pete Apostolou	700 Central Ave	B Add
		St Petersburg, FL 3370	D1 □ Remove
AMBR	Derek S Berset	One Beach Dr SE	
	Suite 230	□ Remove	
		St Petersburg, FL 3370	01
			
			☐ Remove
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			Remaya 2: 2: 2
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			Remove

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Effective date, if other than the date	e of filing: (optional)
The effective date must be specific, cannot be the date this document is filed by the Florida.	prior to date of receipt or filed date and cannot be more than 90 days after
	2014
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Dated June 27,	// //
Dated June 27,	
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Page 3 of 3

Filing Fee: \$25.00

