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(Re	questor's Name)			
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D. SCOTT NOV 4 2016

COVER LETTER

Division of Corporations			
L.B.K. Pla	aza, LLC		
SUBJECT:		nited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	oondence concerning this matter	to the following:	
	Daniel Guarnieri, Esq.		
	·····	Name of Person	
	Berlin Patten Ebling, PLL	С	
		Firm/Company	
	-	Address	
	Sarasota, FL 34239		
		City/State and Zip Code	
	dguarnieri@berlinpatten.co		
		to be used for future annual report noti	ication)
For further information	concerning this matter, please c	all:	
Daniel Guarnieri		941 954-9991 at ()	TAT SE
Name	of Person	Area Code Daytim	e Telephone Number
			Telephone Number CARTARY OF Section 1 Section
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 Stants & Certified Copy (additional copy is project)
MAII	LING ADDRESS:	STREET/COURI	ER ADDRESS:

TO:

Registration Section

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

L.B.K. Plaza, LLC		
(Name of the Limited Liability C (A Florida Lin	ompany as it now appears on ou nited Liability Company)	r records.)
The Articles of Organization for this Limited Liability Com Florida document number L13000145101	pany were filed on 10/15/13	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
The new name must be distinguishable and contain the words "Limited	Liability Company." the designati	on "LLC" or the able windon "LLC."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRES)	<u></u>	FIL NOV -3 CRETARY LAHASS
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		PH 1: 51 OF STATE E. FLORIDA
B. If amending the registered agent and/or registere registered agent and/or the new registered office address		records, enter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida stre	et address
	Cin	, Florida
	City	zip Coae

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 Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> <u>being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	ANDREA BOZOLO	2344 TULIP STREET	Add
		SARASOTA, FL 34239	■ Remove
			☐ Change
MGR	LISA ROOKS	246 MORNINGSIDE DRIVE	
		SARASOTA, FL 34236	Remove
			☐ Change
			□ Remove
			☐ Change
			□ Add
			☐ Remove
			Change 6 NOV USECROTI
-			-3 SSEE
			F STATE
			□ Remove
			Change

Effective date, if other than the date of filing: (If an effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Passaant to 605.0207 Nate: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as a document's effective date on the Department of State's records. The Poor of Specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of the Poor o	. II amen	ding any other in	,		·	· ·	• •		
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Filing Fee: \$25.00