

1/13/14

Jan. 13, 2014 3:17 PM

Barnett, Bolt, Kirkwood, Long & MCBRIDE
Division of Corporations

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L14000004179

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H14000009547 3)))



H140000095473AEC/

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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : BARNETT, BOLT, KIRKWOOD, LONG & MCBRIDE
Account Number : 072731001155
Phone : (813) 253-2020
Fax Number : (813) 251-6711

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

Email Address: aalberdi@craworld.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
ALBERDI GASPARILLA, LLC**

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

RECEIVED
14 JAN 13 PM 4:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2014 JAN 13 AM 8:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

JAN 14 2013

T. HAMPTON

((H14000009547 3)))

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

ALBERDI GASPARILLA, 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 were filed on January 8, 2014 and assigned Florida document number L14000004179

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 end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable: 2961 Hillcreek Circle South
Clearwater, FL 33759
(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: 2961 Hillcreek Circle South
Clearwater, FL 33759
(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

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

((H14000009547 3)))

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If providing 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>	<u>Address</u>	<u>Type of Action</u>
MGR	Andres Alberdi	2961 Hillcreek Circle South	<input checked="" type="checkbox"/> Add

		Clearwater, FL 33759	<input type="checkbox"/> Remove
--	--	----------------------	---------------------------------

MGR	Rosalyn McKenna	618 Bosphorous Avenue	<input checked="" type="checkbox"/> Add
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		Tampa, FL 33606	<input type="checkbox"/> Remove
--	--	-----------------	---------------------------------

MGR	Peter D. Alberdi, Jr.	701 S. Davis Blvd.	<input type="checkbox"/> Add
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		Tampa, FL 33759	<input checked="" type="checkbox"/> Remove
--	--	-----------------	--

2014 JAN 13 4:08:11 PM
 SECRETARY OF STATE
 TALLAHASSEE FLORIDA

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			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
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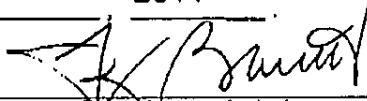
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
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(((H14000009547 3)))
D. If providing any other information, enter change(s) here: (Attach additional sheets, if necessary.)

E. Effective date, if other than the date of filing: _____ (optional)
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated January 13 2014



Signature of a member or authorized representative of a member

Leslie J. Barnett

Typed or printed name of signee

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Filing Fee: \$25.00

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TALLAHASSEE, FLORIDA

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