14000061871

(Re	equestor's Name)	 -
(Ac	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	· #)
PICK-UP	☐ WAIT	MAIL
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SECRETARY OF STATE TALLAHASSEE, FLORIDA

COVER LETTER

	ision of Cor			,
SUBJECT:	ITOPIA PR	IVATE RESIDENCES UNIT	2401, LLC	*,
	A	Name of Limi	ited Liability Company	
The enclosed	d Articles of a	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspon	ndence concerning this matter	to the following:	
		RICHARD RUSSELL		
			Name of Person	
		LM FUNDING, LLC		
			Firn/Company	·
		302 KNIGHTS RUN AVE	E, SUITE 1000	
			Address	
		TAMPA, FL 33602		
			City/State and Zip Code	
		INFO@LMFUNDING.COM		
			o be used for future annual report	notification)
For further in	nformation co	oncerning this matter, please ca	all:	
RICHARD	RUSSELL		813 222-8996	i i
	Name of	Person	at () Area Code Day	time Telephone Number
Enclosed is a	a check for th	e following amount:		
■ \$25.00 F	filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, 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

ITOPIA PRIVATE RESIDENCES UNIT 2401, LLC

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

	0.4/1.5/801.4	
The Articles of Organization for this Limited Liability C		and assigned
Florida document number L14000061871	·	
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the lim</u>	ited liability company here:	
WHISPERING OAKS OT TAMPA UNIT 13718-202, LLC		
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDI	RESS)	
		· · · · · · · · · · · · · · · · · · ·
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office add		s, enter the name of the n
The second again who of the new registered office and	i ess nere.	
Name of New Registered Agent:		
New Registered Office Address: Enter Florida street address		TX
		-
	, Fl	orida Ziv Code
	O.I.	Esp Cour

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

Page 1 of 3

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	JONES, DYLAN	301 WEST PLATT STREET #408	Add
		TAMPA, FL 33606	■ Remove
			Change
MGR	RODGERS, BRUCE	301 WEST PLATT STREET #408	
		TAMPA, FL 33606	☐ Remove
			Change
			□ Add
			Remove
			Change
			Remove
			Change
			🗖 Add
			□ Remove
		_	Change
			Add
			Remove
			Change

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Typed or printed name of signee

Filing Fee: \$25.00