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(Re	questor's Name)	
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. PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nai	me)
(Do	cument Number))
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J SHIVERS

TO:	Registration Se Division of Cor					
		ngdale LLC				
SUBJI	ECT:	Name of Limi	ited Liability Company	 		
The en	closed Articles of	Amendment and fee(s) are sub-	mitted for filing.			
Please	return all correspo	ndence concerning this matter	to the following:			
		Stephen MacIsaac				
Name of Person						
		Stephen MacIsaac, PA				
Firm/Company						
		2525 Park City Way				
			Address	······		
	Tampa, FL 33609					
City/State and Zip Code macisaaclaw@gmail.com						
	E-mail address: (to be used for future annual report notification)					
For fu	ther information c	oncerning this matter, please ca	all:			
Stephen MacIsaac			813 877-8125			
Name of Person A			at () Area Code Daytime	Telephone Number		
Enclos	ed is a check for the	ne following amount:				
■ \$2	5.00 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 OF

103 Bloomingdale LLC							
(<u>Name of the Limited Liability Compa</u> (A Florida Limited)	ny as it now appears on our records.) Liability Company)						
The Articles of Organization for this Limited Liability Company Florida document number	were filed on 2/19/2015	_ and assigned					
This amendment is submitted to amend the following:							
A. If amending name, enter the new name of the limited liab	ility company here:						
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbr	eviation "L.L.C."	-				
Enter new principal offices address, if applicable:	4532 W. Kennedy Blvd. #481		_				
(Principal office address MUST BE A STREET ADDRESS)	Tampa, Florida 33609		_				
			_				
10-4	4532 W. Kennedy Blvd. #481						
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Tampa, Florida 33609						
			_				
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her Name of New Registered Agent: New Registered Office Address:	<u>e</u> :	15 OCT 27 SECRETAR IALLAHASS	— * Trick G ductions → (Tables				
	Enter Florida street address	Y OF	d.				
	, Florida	Zip Códe 😘					
New Registered Agent's Signature, if changing Registered Agent;	4		, r. 9 bet.				
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	e performance of my duties, and I am fai provided for in Chapter 605, F.S. Or, if	miliar with and this document is					

If Changing Registered Agent, Signature of New Registered Agent

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			Add
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Effective date, if other than the fan effective date is listed, the date mu Note: If the date inserted in this be document's effective date on the I have record specifies a delayed. The 90th day after the record.	ust be specific and lock does not red Department of Section of Sec	I cannot be prior to neet the applica State's records.	ble statutory i	iling requiren	ents, this c	ling.) Pur late will	not be	listed as
·	- ··							
October 15th Dated		2015	_ :					
	Signature of a	member or author	ized representa	ntive of a memb	er			
Stephen MacIsaac								
		Typed or printed						

Page 3 of 3

Filing Fee: \$25.00