## L15000102866

| (Requestor's Name)                      |
|---|
| (Address)                               |
| (Address)                               |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
| (Business Entity Name)                  |
| (Document Number)                       |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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|   |
| 7/22/21                                 |

Office Use Only



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21 JUN 30 FH 1: 25

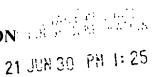
## **COVER LETTER**

|   | gistration Sec<br>vision of Corp |   |   | •   |
|---|----------------------------------|---|---|---|
| SUBJECT:                                |                                  | Holdings, LLC                                   |   |   |
| ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |                                  | Name of Limi                                    | ited Liability Company  |   |
| The enclosed                            | d Articles of A                  | Amendment and fee(s) are sub-                   | mitted for filing.  |   |
| Please returi                           | all correspon                    | dence concerning this matter                    | to the following:   |   |
|   |                                  | Jan Cummings                                    |   |   |
|   |                                  |   | Name of Person  | <del></del>   |
|   |                                  | Gopher Resource, LLC                            |   |   |
|   |                                  |   | Firm/Company  |   |
| 2900 Lone Oak Parkway, Suite 140A       |                                  |   |   |   |
|   |                                  |   | Address   |   |
|   |                                  | Eagan, MN 55121                                 |   |   |
|   |                                  |   | City/State and Zip Code   |   |
|   |                                  | jan.cummings@gopherresou                        |   |   |
|   |                                  | E-mail address: (t                              | o be used for future annual report notific                          | ation)  |
| For further in                          | nformation co                    | ncerning this matter, please ca                 | ill:  |   |
| Jan Cummir                              | ngs                              |   | 651 405-2238  |   |
|   | Name of                          | Person  | at ()<br>Area Code Daytime 1  | Celephone Number  |
| Enclosed is a                           | a check for the                  | following amount:                               |   |   |
| □ \$25.00 H                             | Filing Fee                       | ☐ \$30.00 Filing Fee &<br>Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | ■ \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT : ARTICLES OF ORGANIZATION AND ARTICLES OF ORGANIZATION **OF**



FLA TAMPA HOLDINGS, LLC

| 4 | Name of the Limited | Liability Co. | mpany as it now          | appears on our records. |
|---|---------------------|---------------|--------------------------|-------------------------|
|   |                     |               | to all the latter of the |                         |

| - (A   | Florida Limited                                   | Liability Company)                     |  |
|--|---|--|--|
| The Articles of Organization for this Limited Liab Florida document number <u>L15000102866</u>   | oility Company                                    | were filed on June                     | and assigned   |
| This amendment is submitted to amend the follow  | ······································            |  |  |
| This amendment is submitted to amend the follow  | ung;  |  |  |
| A. If amending name, enter the new name of the   | he limited liab                                   | ility company her                      | <u>:e</u> :  |
| The new name must be distinguishable and contain the work  | ds "Limited Liabi                                 | lity Company," the de                  | signation "LLC" or the abbreviation "L.L.C."                                   |
| Enter new principal offices address, if applicab   | ole:  | 2900 Lone Oak F                        | Parkway  |
| (Principal office address MUST BE A STREET   |   | Suite 140 A                            |  |
|  | <del>-</del>                                      | Eagan, MN 55121                        |  |
| Enter new mailing address, if applicable:  |   | 2900 Lone Oak I                        | Parkway  |
| (Mailing address MAY BE A POST OFFICE BOX)   |   | Suite 140A                             |  |
|  | <u></u>   | Eagan, MN 5512                         | 1  |
| B. If amending the registered agent and/or reg<br>agent and/or the new registered office address I<br>Name of New Registered Agent:  |   | address on our red                     | cords, enter the name of the new registered                                    |
| New Registered Office Address:   | 6505 Jewel Avi                                    | enue                                   |  |
| new regarded Ornes radies.   |   | Enter Floria                           | la street address  |
| Tamp   |   |  | Florida 33619 Zip Code   |
|  |   | City                                   | Zip Code   |
| New Registered Agent's Signature, if changing Reg  | gistered Agent:                                   |  |  |
| I hereby accept the appointment as registered of provisions of all statutes relative to the proper accept the obligations of my position as registed being filed to merely reflect a change in the resection of this change in the change in the change in the change in this change in the change in this change in the chan | and complete<br>red agent as p<br>gistered office | performance of n<br>provided for in Cl | ny duties, and I am familiar with and napter 605, F.S. Or, if this document is |

If Changing Registered Agents Signature of New Registered Agent

X

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

21 JUN 30 PM 1: 25

| MGR = | Manager |
|-------|---------|
|       |         |

| <u>Title</u> | <u>Name</u>   | Address                             | Type of Action |
|--------------|---------------|-------------------------------------|----------------|
| MGR          | Brian Leen    | 6505 Jewel Avenue, Tampa, FL 33619  |                |
|              |               |                                     | □Remove        |
|              |               |                                     | □Change        |
| MGR          | Wayne Vespoli |                                     | □Add           |
|              |               | 6505 Jewell Avenue, Tampa, FL 33619 | ≣Remove        |
|              |               |                                     | □Change        |
|              |               |                                     | □Add           |
|              |               |                                     | □Remove        |
|              |               |                                     | □Change        |
|              |               |                                     | []Add          |
|              |               |                                     | □Remove        |
|              |               |                                     | □Change        |
|              |               |                                     | □Add           |
|              |               |                                     | □Remove        |
|              |               |                                     | □Change        |
|              |               |                                     |                |
|              |               |                                     | □Remove        |

| ). If amending any other information,                | enter change(s) here: (Attach additional sheets, if necessary.)  21 JUN 30 PH 1: 25                        |
|--|--|
|  | 21 JUN 30 PH 1: 23   |
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| . Effective date, if other than the date             | of filing: 7-1-21 (optional)   |
| (If an effective date is listed, the date must be sp | pecific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3) |
| Note: If the date inserted in this block do          | ocs not meet the applicable statutory filing requirements, this date will not be listed as the             |
| document's effective date on the Departm             | ment of State's records.   |
|  |  |
| the record specifies a delayed effective date        | e, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the                  |
| cord is filed.                                       | , , , , , , , , , , , , , , , , , , ,  |
|  |  |
| June 23  | 2021   |
| Dated  | <del></del>  |
|  |  |
|  | X  |
| Signal   | iture of a member or authorized representative of a member   |
| Daine t  |  |
| Brian Leen   |  |
| <del></del>  | Typed or printed name of signee  |

Filing Fee: \$25.00