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(Re	equestor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phone	; #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

TO: Registration So Division of Con				
NATEAA!	RO2 LLC			
SUBJECT:	Name of Lin	nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	DONALD R COLLISN			
	<u> </u>	Name of Person		
	ABT BY COLLICO, INC			
		Firm/Company		
	32 21ST ST N			
		Address		
	ST PETERSBURG FL 33	713		
		City/State and Zip Code		ES 6
	ABTBYCOLLICO@HOTN			路書刊
For further information c	e-mail address: (to be used for future annual report notifiall:	cation)	ILED W F. STA
DONALD R COLLINS		727 322-2975		757
Name o	f Person	at () Area Code Daytime	Telephone Number	ATE ST
Enclosed is a check for the	ne following amount:			
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (e of Status &

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

NATEAARO2 LLC		
(Name of the Limited Liability Comps (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on JUNE 13, 2016	and assigned
Florida document number L 16000114302		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
NATEAARO PROPERTIES 2 LLC		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the	ne abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	3080 36TH AVE S	
	ST PETERSBURG FL 33712	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		SEC
B. If amending the registered agent and/or registered of		ter the name of the nev
registered agent and/or the new registered office address her	<u>e</u> :	33 - F
		能の四
Name of New Registered Agent:		
New Registered Office Address:		95 5 5
	Enter Florida street address	T.
	, 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

If amending Authorized Person(s) authorized to manage	enter the title,	name, and	address of ea	ch person	being added
or removed from our records:					

MGR = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Add
			□ Remove
			Change
			Remove
			Change
			Add
		·	□ Remove
			Change
			Add SECRETAR
			I ARY OF STATE
			□ Remove
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_ Change

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: If the date inserted in this temperature is a series of the late on the late of the late on the late of the late of the late of the late on the late of the l	ust be specific and cannot be prior to da block does not meet the applicable Department of State's records.	statutory filing requiremen	ts, this date will not be listed
ecord specifies a delaye e 90th day after the re	ed effective date, but not ar cord is filed.	effective time, at 12	:01 a.m. on the earlier
d AUGUST 8	, 2016		
A	-06.		
(Mudua)	Signature of a member or authorized	representative of a member	

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Filing Fee: \$25.00