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.

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : ELLISON LAZENBY PLLC

Account Number : I20150000059 Phone : (727)362-6151 Fax Number : (727)362-6131

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

Email Address:\_\_\_admin@elattorneys.com

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MADEIRA BEACH TOWN CENTER, LLC

Certificate of Status Certified Copy 0 04 Page Count \$25.00 Estimated Charge

JUL 2 3 2020

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To:

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MADEIRA BEACH TOWN CENTER, LLC  (Name of the Limited L	y as it now appears on our records.) ability Company)	
The Articles of Organization for this Limited Liability Company v Florida document number L16000116631		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:		2020
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)		2P PH :: 44
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, enter the	name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florid	la
	City	Lip 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

From: William Lazenby

Fax: 17273626151

To:

Fax: (850) 617-6383

Page: 3 of 4

07/22/2020 10:49 AM

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

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MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	<u>Address</u>	Type of Action
MGR	Madeira Beach Town Center Investors LLC	4729 Rue Bordeaux	bbA€
		Lutz, FL 33558	□Remove
			□ Change
MGR	BOWDEN, KEVIN R	4729 Rue Bordcaux	□Add
		Lutz, FL 33558	<b>≘</b> Remove
			Change
			□Add
			Remove
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To:

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		of filing.			(optional)	
Effective date, i f an effective date i	f other than the date s listed, the date must be sp	ecific and cannot be	prior to date of filing	g or more than 90	lays after filing.) Purs	uant to 605.020 not be listed a
Note: If the date	s listed, the date must be sp inserted in this block do tive date on the Departr	oes not meet the ap	pricable statutory	innig requirem	oms, am, asiv	
e record specifies	a delayed effective date	, but not an effecti	ive time, at 12:01	a.m. on the earl	ier of: (b) The 90t	h day after the
rd is filed.						
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Dated	/					
Dated	$\mathcal{L}$	ature of a member or	21/			