

From: William Lazenby
7/22/2020

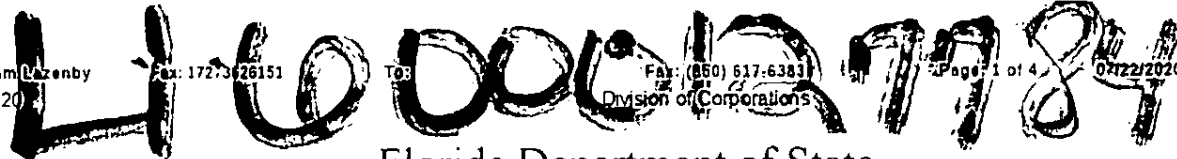
Fax: 17273626151

To:

Fax: (850) 617-6383

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07/22/2020 10:55 AM



Florida Department of State
Division of Corporations
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To:
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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@elattomeys.com

REMOVED

2020 JUL 22 AM 10:51

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

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

2020 JUL 22 PM 4:34

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2020

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2020 JUL 22 PM 4:35

MADEIRA BEACH TOWN CENTER INVESTORS LLC

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

The Articles of Organization for this Limited Liability Company were filed on 07/12/2016 and assigned Florida document number L16000127784

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "L.L.C." or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Three horizontal lines for entering the principal office address.

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

Three horizontal lines for entering the mailing address.

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Horizontal line for entering the name of the new registered agent.

New Registered Office Address:

Horizontal line for entering the new registered office address.

Enter Florida street address

Horizontal line for entering the city and state (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 each person being added or removed from our records:

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MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Christopher S. Moench	150 2nd Ave. N., Suite 1600	<input checked="" type="checkbox"/> Add
		St. Petersburg, FL 33701	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	David A. Jenkins	150 2nd Ave. N., Suite 1600	<input checked="" type="checkbox"/> Add
		St. Petersburg, FL 33701	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Larry Raiche	479 Rue Bordeaux	<input checked="" type="checkbox"/> Add
		Lutz, FL 33558	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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