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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL MAIL
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COVER LETTER

	Registration Se Division of Cor			
CLID INC	BLACKAC	CRE FLORIDA, LLC.		
SUBJEC	.1:	Name of Lim	ited Liability Company	- (
The enclo	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please ret	turn all correspo	ondence concerning this matter	to the following:	
		DAYNA M. BULLUCK S	SANTANA	
			Name of Person	
		DAYNA SANTANA REA	ALTY, LLC.	
			Firm/Company	
		P.O. BOX 273832		
			Address	
		TAMPA, FLORIDA 3368	8	
			City/State and Zip Code	 ,
		DAYNA@DAYNASANTA		
For first	er information c	e-mail address: (oncerning this matter, please c	to be used for future annual report not	ilication)
DAYNA	M. SANTANA		813 601-3898 at ()	
	Name o	f Person	at () Area Code Daytim	ne Telephone Number
Enclosed	is a check for th	ne following amount:		
■ \$25.0	00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Addres Registration S		<u>Street Address:</u> Registration Se	ection
]	Division of C	orporations	Division of Cor	rporations
	P.O. Box 632 Tallahassee, I		The Centre of 7 2415 N. Monro	l allahassee be Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BLACKACRE FLORIDA, LLC.		
(Name of the Limited Liability Compa (A Florida Limited	iny as it now appears on our records.) Liability Company)	
ne Articles of Organization for this Limited Liability Company	were filed on 07/29/2016	and assigned
orida document number L16000142399		
is amendment is submitted to amend the following:		
If amending name, enter the new name of the limited liab	ility company here:	
AYNA SANTANA REALTY, LLC.		
e new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the ab	breviation "L.L.C."
nter new principal offices address, if applicable:	2313 W. VIOLET STREET	
Principal office address MUST BE A STREET ADDRESS)	TAMPA, FLORIDA 33603	
nter new mailing address, if applicable:	100 N. TAMPA STREET	
Aailing address MAY BE A POST OFFICE BOX)	SUITE 2440	
	TAMPA, FL 33602	
		1~
. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the nam	e of the new registe
		·
Name of New Registered Agent:		 .
New Registered Office Address:		F2.
	Enter Florida street address	
	, Florida	<u></u>
	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:

	lanager .uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			Remove
			□Change
			DAdd
			□ Remove
			□Change
			Remove
			Change
			□Remove
			□Change
			□Add
			□Change
			□Add
			□Remove

_____ □Change

Effective date, if other than the date of filing: 106/10/2021 (optional) (an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as a todocument's effective date on the Department of State's records. The record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the dis filed. Dated JUNE 10 Agranture of a member or authorized representative of a member DAYNA M. BULLLUCK SANTANA		
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Bignature of a member or authorized representative of a member	Jated JI	JNE 10 / 2021
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		1
		Signature of a member or authorized representative of a member

Filing Fee: \$25.00