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To:

Fax: +1 (850) 6176383 Division of Corporations

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Division of Corporations

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From:

Account Name : ELLISON LAZENBY PLLC

Account Number : I20150000059

: (727)362-6151

Phone 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 SEMINOLE HEIGHTS BLUE BUILDING, LLC

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

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Fax: (727) 382-6151

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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

### SEMINOLE HEIGHTS BLUE BUILDING, LLC

The Articles of Organization for this Limited Liability Company were filed on 07/29/2016 and assigned Florida document number I.16000142643 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: ತ್ರಾ -The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LI.C" or the abbreviation N) OI Enter new principal offices address, if applicable: ಗಟ (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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:

## New Registered Agent's Signature, if changing Registered Agent:

New Registered Office Address:

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

Florida

Page 1 of 3

Fax: (727) 362-6151

To:

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

Title	<u>Name</u>	Address	Type of Action
MGR	Blake W. Thompson	262 4TH AVENUE NORTH	
		ST. PETERSBURG, FL 33701	XRemove
			🗆 Change
MGR	Ryan Griffin	333 3RD AVENUE, 2ND FLOOR	🗖 Add
		ST. PETERSBURG, FL 33701	<b>⊠</b> Remove
			Change
MGR	BRGT MANAGEMENT, LLC	262 4TH AVENUE NORTH	<b>&amp;</b> Add
		ST. PETERSBURG, FL 33701	☐ Remove
			☐ Change
			□ Remove
			Change
		<u></u>	Remove
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			C Remove
			Change

filiam Lazenby	Fax: (727) 362-8151	To:	Fax: +1 (850) 6176383	Page 4 of 4 08/25/2016 2:33 PM H16000211834 3		
D. If ame	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)					
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Dated_	August 25	2016	. •	IAS 1		
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		Signature of a member of authori	zed representative of a me	mber S		
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	BLAKE W.	FHOMPSON  Typed or printed	name of signer	Tig B	~	
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