L16000147186

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COVER LETTER

TO:

Registration Section

Division of Cor	porations			
Ameritank,	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:		
	Barry Gosin			
		Name of Person		
		Firm/Company		
	296 Prairie Clover Dr.			
		Address		23
	Dripping Springs, TX 786	20		- 51
	bgosin@lafayettehillpartne	City/State and Zip Code		i.: 22
	E-mail address: (to be used for future annual report noti	fication)	;
For further information c	oncerning this matter, please c	all:		:. .
Barry Gosin		215 206-1342 at ()		2
Name o	f Person	Area Code Daytim	e Telephone Number	•
Enclosed is a check for the	ne following amount:			
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee Certificate of St Certified Copy (additional copy is e	atus &
Mailing Addres Registration S	Section	Street Address: Registration Se	ction	
Division of C P.O. Box 632	Corporations	Division of Cor The Centre of T	porations	
Tallahassee, 1			e Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Lim	ited Liability Compa (A Florida Limited)	iny as <mark>it now appears on our r</mark> Liability Company)	ecords.)
The Articles of Organization for this Limited Landscape Florida document number L16000147186	Liability Company	were filed on 8/8/16	and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited liab	ility company here:	
afayette Hill Partners, LLc			
he new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		7901 4th Street North	
Principal office address MUST BE A STREET ADDRESS)		Suite 300	
Trucqua office maness most be a street ADDRESS		St. Petersburg, FL 33702	
Enter new mailing address, if applicable:		7901 4th Street North	
Mailing address MAY BE A POST OFFICE BOX)		Suite 300	· 13
		St. Petersburg, FL 33702	
			.:
3. If amending the registered agent and/or	registered office :	address on our records, <u>e</u>	enter the name of the new regis
agent and/or the new registered office addre	ess <u>here</u> :		် အ
Name of New Registered Agent:	Registered Age	ents, Inc.	
New Registered Office Address:	7901 4th Street	North, Suite 300	
ing megistered of the multiple.		Enter Florida street a	address
	St. Petersburg		Florida <u>33702</u>
		City	Zip Code

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

Ameritank, LLC

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:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			Change
			□Add
			Remove
			□Change
			□Add
			☐Remove
			5 □Remove
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ective date, if other than the effective date is listed, the date muse: If the date inserted in this blument's effective date on the D	ock does not meet the app	licable statutory filin	(option nore than 90 days after fil g requirements, this d	al) ing.) Pursuant to 605.0 ate will not be listed
cord specifies a delayed effectiv s filed.	e date, but not an effective	e time, at 12:01 a.m.	on the earlier of: (b)	The 90th day after t
ed	. 2023	·		
Joseph	Signature of a member or au			