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.

(((H23000231415 3)))



H230002314153ABCV

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone

: (954)208-0845

: (614)573-3996

Fax Number

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

SKO Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN METREA FACILITIES LLC

Certificate of Status	0		
Certified Copy	1		
Page Count	04		
Estimated Charge	\$55.00		

Electronic Filing Menu Corporate Filing Menu

Help

S. ROBERTS

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Metrea Facilities LLC					
(Name of the Limited (A)	.jability Compa Torkla Limited	ny a <u>y it now appe</u> Liability Company	ars on our records.)		
The Articles of Organization for this Limited Liabi Florida document number L16000162810		were filed on 0	8/31/2016	andassigned	
This amendment is submitted to amend the following. A. If amending name, enter the new name of the	_	ility company l	10re'		
	<u> </u>	inco confinity i	<u></u>		
The new name must be distinguishable and contain the words	"Limited Liabil	ity Company," the	designation "LLC" of	the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:		n/a			
(Principal office address MUST BE A STREET ADDRESS)				~	
				73	
				:	
Enter new mailing address, if applicable:				.0	
(Mailing address MAY BE A POST OFFICE BO.	<u>X)</u>			•	
				φ	
B. If amending the registered agent and/or regis	tered office o	ddraes on our		<u></u>	
agent and/or the new registered office address h	ere:	adress on our i	records, <u>enter (ne</u>	name of the new register	
	1.				
Name of New Registered Agent:	ia		·		
New Registered Office Address:			·		
	Enter Florida street address				
_	, Florida			la	
Von Bogistanod kannika Sianutura (6 akun 1 at)		City		Zip Code	
New Registered Agent's Signature, if changing Registered age of the appointment as registered age provisions of all statutes relative to the proper a accept the obligations of my position as registered being filed to merely reflect a change in the registery company has been notified in writing of this change	gent and agre nd complete p ed agent as p stered office o	performance of rovided for in (f my duties, and 1 Chapter 605, F.S	am familiar with and . Or, if this document is	
	If Chang	ling Registered Ag	ent. Signature of Ne	w 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

Title	<u>Name</u>	Address	Type of Action
MGR	Thomas J. Gulifoy	5525 W CYPRESS ST	□Add
		TAMPA, FL 33607	
			[] (Thange
MGR	Justin T. Johnson	5525 W CYPRESS ST	⊡Add
		TAMPA, FL 33607	\ Remove
			□ Change
			, □Add
			□Change
			Dodd
		□Remove	
			
			■ Remove
			□Change
			□Add
			□Remove
			□ Change

							_
							
		· <u></u>					
		<u>. </u>					
			·	<u> </u>		·	
				· -			
· · · · · · · · · · · · · · · · · · ·			<u> </u>	·			
							
	-			, <u></u>	*		
				<u> </u>			
		 _					
.,,							
					-		
Effective date, if other than the of an effective date is listed, the date must Note: If the date inserted in this blo document's effective date on the De	ick does not meet th	ie applicab	date of filing of le statutory f	or more than 90 (iling requireme	_ (optional) lays after filing, ents, this date) Pursuant to 605, will not be liste	0207 (:d as (
record specifies a delayed effective d is filed.	date, but not an eff	ective time	e, ar 12 01 a.	m on the earli	er of: (h) - Th	e 90th day after	the
Dated	202		•	_			
			Justi	n T. Joh	enson		
	signature of a member						