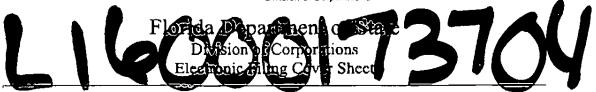
Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

(2) (3)

Account Name : GASSMAN, CROTTY & DENICOLO, P.A.

Account Number: 075350000514 Phone : (727)442-1200 : (727)443-5829 Fax Number

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

Email Address:__

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN 275 BILLBOARD, L.L.C.

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COVER LETTER

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		•	OVERLETTER	•
	gistration Sec vision of Corp		, •	•
CUD TEAT.		OARD, L.L.C.		
Name of Limited Liability Company				
The encloses	d Articles of A	Amendment and fee(s) are subn	nitted for filing.	
Please return	a all correspor	idence concerning this matter t	o the following:	
		KENNETH J. CROTTY, E	SQ.	
			Name of Person	
		GASSMAN, CROTTY & I	DENICOLO, P.A.	·
			Firm/Company	····
		1245 COURT STREET		
			Address	
		CLEARWATER, FL 3375	56	
			City/State and Zip Code	
		E-mail address: (i	o be used for future annual report nonth	suon)
For further	information co	oncerning this matter, please es	all:	
Carla Guid	гу		727 442-1200 at ()	
	Name of	f Person	Area Code Daytime	Telephone Number
Enclosed is	a check for th	e following amount:		
\$25.00	Filing Fec	□ \$30.00 Filing Fee & Certificate of Status	□ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallnhassec, FL 32314 STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

H19000309815

2619 OCT 18 A H: 10

	275 RICLBOARD L [C	A CONTRACT OF THE
(Name of the Limite	d Linbility Company as it now appe A Florida Limited Liability Company	art on our records.) ALL ANASSEE, IL Globa
The Articles of Organization for this Limited Lig		0 . 1 16 2014
This amendment is submitted to amend the follo	wing:	
A. If amending name, enter the new name of	the limited liability company	here:
The new name must be distinguishable and contain the we	ords "Limited Liability Company," the	e designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applica	nble:	
(Principal office address MUST BE A STREE	T ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE) B. If amending the registered agent and/ registered agent and/or the new registered of	or registered office address	on our records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter f	Florida street address
		, Florida
	City	Lip Code
New Registered Agent's Signature, if changing I		to the standard and another with the
I hereby accept the appointment as registered provisions of all statutes relative to the propaccept the obligations of my position as registering filed to merely reflect a change in the company has been notified in writing of this	er and complete performance istered agent as provided for it registered office address, I het	n Chapter 603, F.S. Or, if this accument is
	If Chassing Displaying	LAgent Signature of New Revisiered Agent

Page 1 of 3

H19000309815

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>	Name	Address	Type of Action
MGR	AL DIAZ	5815 N. DALE MABRY HIGHWAY	Add
		TAMPA, FL 33614	Remove
			☐ Change
MGR	JOE CUTILLO	5815 N. DALE MABRY HIGHWAY	
		TAMPA, FL 33614	☐ Reinove
			Cliange
			⊡ Add
			□ Remove
			Change
			□ Add
			□ Keniove
			☐ Change
			□ Remove
			☐ Change
			Add
			☐ Remove
		<u> </u>	Change

If amend	ing any other information, enter change(s) here: (Attach additional sheets, if necessary.)
•	
(if an effect Note: If	date, if other than the date of filing:
the reco) The 9	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 0th day after the record is filed.
Dated _	OCTOBER 16 2019
	Signature of a pamber or authorized representative of a member
	Kenneth J. Crotty, Authorized Representative
	Typed or printed name of signee

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Filing Fee: \$25.00