5/1/23, 1:38 PM



Note: Please print this page and use it as a cover sheet. Eype the fax audit number (shown below) on the top and bottom of all pages of the document.

(((1123000162238.31))



1/2000016020R3ADC

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

Division of Corporation: Fax Number : (858)617-6333

From:

To:

Account Name : DECT, MARPIS, RAYNOR & JONES, P.A. Account Number : 120000000210

Phone Fax Number . (561)746-1002 : (561)775-8278

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

Email Address: janet@protocolhs.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN 1065 LESSEE, LLC

Certificate of Status	
Certified Copy	()
Page Count	03
Estimated Charge	\$25,00

Electronic Filing Menu — Corporate Filing Menu

Help

.

TN 62 2023

K. Brumbiey

Fax: (850) 617-6383 (((H23000162238 3)))

Page: 15 of 21 05/01/2023 3:31 PM

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

ed Liability Company as it now appears (A Florida Limited Liability Company)	on our records.)	
ability Company were filed on 10/2	0/2016	and assigned
owing:		
the limited liability company here	P:	
ords "Limited Liability Company," the desi	ignation "LLC" or the a	bbreviation "L.L.C."
able:		
TADDRESS)		
<u></u>		
egistered office address on our reco	ords, <u>enter the nan</u>	ne of the new register
s nere,		20
		231
Enter Florida	street address	
	Florida	PH
City	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Zip Code · ·
egistered Agent:		ည်
l agent and agree to act in this cap	pacity, I further ag y duties, and I am j apter 605, F.S. Or,	ree to comply with th
	ability Company were filed on	the limited liability company here: ords "Limited Liability Company," the designation "LLC" or the a lable: TADDRESS) egistered office address on our records, enter the names here: Enter Florida street address

If Changing Registered Agent, Signature of New Registered Agent

MGR = Manager

To:

_ 🗆 Change

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

AMBR = A	uthorized Member		
<u>Title</u>	Name	Address	Type of Action
			□Add
			□ Remove
			(Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			🗆 Change
			🗆 Add
			🗆 Remove
			□Change
			🗆 Add
			Remove
			□Change
			(DAdd
			Remove

(((H23000162238 3)))

								
							- -	
								
						·		
								
								
								
							·	
								
···								
							· · · · · · · · · · · · · · · · · · ·	
						·		
	-							
							· · · · · · · · · · · · · · · · · · ·	
 · ·								
	 -	····						
ffective date, i	f other than the date	of filing:				(aptio	nal)	
ote: If the date	s listed, the date must be sp inserted in this block do live date on the Departm	occitic and co	annot be prio: et the applic	r to date of file cable statutor	ng or more that 'Y filing requi	90 days after f rements, this	Line & Purcuant to	605.020 listed a
record specifies is filed.	a delayed effective date	, but not ar	i effective t	ime, at 12:01	a.m. on the	earlier of: (b)	The 90th day a	ifter the
ated	2/3		2023	3				
			, 1					
	<i>(</i> ()	Llul	Jah					

(((H23000162238 3)))

Filing Fee: \$25.00