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(((H170001393973)))



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 : GASSMAN, CROTTY & DENICOLO, P.A.

Account Number : 075350000514 Phone

(727)442-1200

Fax Number

: (727)443-5829

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

Fmail	Address:				

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Audit Fax # H170001393973

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compar (A Florida Limited L	ICIANS ASSOCIA ny as it now appears of Jability Company)	our records.)			
The Articles of Organization for this Limited Liability Company  Florida document number <u>L16000195974</u>	were filed on1	0/24/16	and as	ssigned	
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liabi	ility company here	•	- 1		
	•		နုန	2017	
The new name must be distinguishable and contain the words "Limited Liability	ity Company," the desig	gnation "LLC" or the abb	revigion) "i	I <u>i.√</u> " <b>&gt;</b>	
Enter new principal offices address, if applicable:	601 S. HARBO	UR ISLAND BLV	D.FSTIT	F 213	-
(Principal office address MUST BE A STREET ADDRESS)	TAMPA, FL 3	3602	SEE RY	ယ	9
			<u> </u>	7	
	``		S I A	Ö	
Enter new mailing address, if applicable:	601 S. HARBO	UR ISLAND BLVI	THEL	E 213	
(Mailing address MAY BE A POST OFFICE BOX)	TAMPA, FL 3	3602			
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		ur records, <u>enter t</u>	he name	of th	е печ
Name of New Registered Agent:			<del></del>		
New Registered Office Address:	Enter Florida	sireel address			
	ye' Ngara	, Florida			
	City	, Fortid	Zip Code	r	
New Registered Agent's Signature, if changing Registered Agent:					

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

Page 1 of 3

🗀 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:

vi.

(9)

AMBR = Authorized Member Type of Action <u>Address</u> Title. Name 1245 COURT STREET, SUITE 102 MGR SIDD PAGIDIPATI □ Add CLEARWATER, FL 33756 X Remove ☐ Change MGR ALEX CHANG 601 S. HARBOUR ISLAND BLVD. **⊠** Add SUITE 213 ☐ Remove TAMPA, FL 33602 ☐ Change □ Add ☐ Change □ Remove Comuse Ö DbA 🗓

MGR = Manager

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Page 3 of 3

Filing Fee: \$25.00