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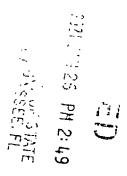
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Part But

COVER LETTER

TO: Registration Division of	n Section Corporations		•
SUBJECT: 291 W	podette Drîve, LLC		•
	Name of Li	mited Liability Company	
The enclosed Article	s of Amendment and fee(s) are su	bmitted for filing.	
Please return all corre	espondence concerning this matter	r to the following:	
	David S. Mallitz		
		Name of Person	
	DeBartolo Holdings, LLC		
		Firm/Company	
	15436 North Florida Aver	nue, Suite 200	
		Address	· · · · · · · · · · · · · · · · · · ·
	Tampa, FL 33613		
		City/State and Zip Code	
	dmallitz@debartoloholding		
	E-mail address: (to be used for future annual report notif	fication)
For further informatio	n concerning this matter, please c	all:	
David S. Mallitz		813 264-8812	
Nan	e of Person	at () Area Code Daytime	Telephone Number
Enclosed is a check fo	r the 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 Status & Certified Copy (additional copy is enclosed)

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

on our records.)
ary 3, 2017 and assigned
<u>e</u> :
ignation "LLC" or the abbreviation "L.L.C."
7:2
2 S
ords, enter the name of the new registe
Fe 2
: 49
n w
street address
, Florida

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

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	Unity 4, LLC	15436 North Florida Avenue	□Add
		Suite 200	≣Remove
		Tampa, FL 33613	
AMBR Unity 4, LLC	Unity 4, LLC	15436 North Florida Avenue	
		Suite 200	
		Tampa, FL 33613	,,-
			□Add
			□Remove
			□Change
			Remove
			Change
			□Remove
			□ Change
			□Add
			□Remove

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Effective date, if other than the If an effective date is listed, the date many Note: If the date inserted in this bedocument's effective date on the I	ust be specific and can block does not meet	not be prior to date the applicable s	of filing or more th tatutory filing req	(optional) an 90 days after filing.) uirements, this date	Pursuant to 605.0207 will not be listed as
e record specifies a delayed effecti rd is filed.	ve date, but not an o	effective time, at	12:01 a.m. on the	e earlier of: (b) The	90th day after the
Dated	20	021			
David 1.	Matth				
O • • • • •	Signature of a memi	ber or authorized i	epresentative of a n	nember	
David S. Mallitz	J				

. . . .

Filing Fee: \$25.00