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(Cit	ty/State/Zip/Phone	e #)
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SECRETARY OF STATE
SECRETARY OF STATE

D. SCOTT MAR 2 7 2017

COVER LETTER

	gistration Sect vision of Corpo			·	
eud iect.	7400 Park Ma	anagement, LLC	•		
Name of Limited Liability Company					
The enclosed	d Articles of A	mendment and fee(s) are subi	mitted for filing.		
Please returr	all correspond	dence concerning this matter	to the following:		
		Lance P Cohen			
			Name of Person		
		Cohen & Thurston, PA			
			Firm/Company		
		1912 Hamilton St., Suite 20	06		
			Address		
		Jacksonville, FL 32210			
		cohenthurston@cs.com	City/State and Zip Code		
		E-mail address: (1	to be used for future annual report notific	ation)	NEGO N
For further i	nformation cor	cerning this matter, please ca	all:		題多一
Lance Cohe	en .		904 388-6500 at ()		
Englosed is	Name of I	Person following amount:	Area Code Daytime	Telephone Number	FILED PH 12: 13 ECRETARY OF STATE ALLAHASSEF, FLORIDA
\$25.00]		\$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (e of Status &

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, 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

(Name of the Limited (A	Liability Company as it now appears on our records.) Florida Limited Liability Company)	
•	•	•
The Articles of Organization for this Limited Liab	oility Company were filed on February 23, 2017	and assigned
Florida document number L17000043615	·	• •
This amendment is submitted to amend the follow	ing:	· ·
A. If amending name, enter the new name of the	ne limited liability company here:	·
	· · · · · · · · · · · · · · · · · · ·	
The new name must be distinguishable and contain the word	ds "Limited Liability Company," the designation "LLC" or the	e abbreviation "L.L.C."
Enter new principal offices address, if applicab	le:	
(Principal office address MUST BE A STREET.		
Enter new mailing address, if applicable:		<u>.</u> .
(Mailing address MAY BE A POST OFFICE BO	<u> </u>	
		NEC SEC
		上部 黃 刊
B. If amending the registered agent and/or	registered office address on our records, ent	er the name of the ne
registered agent and/or the new registered offic		岩兰 3 円
Name of New Registered Agent:		LS IS
Name of New Registered Agent.		5 m 2
New Registered Office Address:	7-7-1-7-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	37
	Enter Florida street address	
	, Florida	
• ,	City	Zip Code

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

<u>Title</u>	Name	Address	Type of Action
MGR	Dominick Sinopoli	313 Morningside Dr	
		Palm Harbor, FL 34683	☐ Remove
			■ Change
			□ Add
			☐ Remove
			☐ Change
			□ Add
			☐ Remove
			Change
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tive date, if other the flective date is listed, the If the date inserted in ment's effective date of the flective date.	in this block does r	e and cannot be pro not meet the appl	icable statutory fil	more than 90 days	optional) Safer filing.) Pursuant to 605, this date will not be listed
ecord specifies a de 90th day after t			ot an effective	e time, at 12:0	01 a.m. on the earlie
d March 2♣,	My	2017	·		
	Signature	of a member or au	thorized representat	ive of a member	

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Filing Fee: \$25.00