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12/28/20

West Ohio Street 3702 LLC SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: AL VIVIANO Name of Person West Ohio Street 3702 LLC Firm/Company 888 BLVD OF THE ARTS, APT 207 Address SARASOTA, FL34236 City/State and Zip Code GR8PASTA@AOL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 502 741-0042 AL VIVIANO Daytime Telephone Number Area Code Name of Person Enclosed is a check for the following amount: □ \$60.00 Filing Fee, ☐ \$55.00 Filing Fee & **\$25.00** Filing Fee ☐ \$30,00 Filing Fee & Certificate of Status & Certificate of Status Certified Copy Certified Copy (additional copy is enclosed) (additional copy is enclosed) Street Address: Mailing Address: Registration Section Registration Section

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

TO:

Registration Section Division of Corporations

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

TO ARTICLES OF ORGANIZATION OF

(Name of the Linia of Linkship Commo	and as it was appeared on our maco	eds \
(Name of the Limited Liability Compa (A Florida Limited l	Liability Company)	rus.
The Articles of Organization for this Limited Liability Company L17000047789 Florida document number	were filed on MARCH 3, 20	17and assigne
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LI	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	3301 BAYSHORE BOULEVARD	
(Principal office address MUST BE A STREET ADDRESS)	APT. 2304	
Trincipal office data ess moist the AMPREEL AMPREELS	TAMPA, FL 33629	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	3301 BAYSHORE BOULE APT. 2304 TAMPA, FL 33629	VARD 2020 NOV 23
B. If amending the registered agent and/or registered office a		er the name of the new res
agent and/or the new registered office address here:		45
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addr	2.85
		Florida
	Ciţy	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

303 West Ohio Street 3702 LTC

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply will 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 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

or'removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Ac
			□Add
			□Remove
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If amending any other information, enter change(s) here:	
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Effective date, if other than the date of filing: If an effective date is listed, the date must be specific and cannot be prior Note: If the date inserted in this block does not meet the application document's effective date on the Department of State's records	(optional) to date of tiling or more than 90 days after tiling.) Pursuant to 605 able statutory filing requirements, this date will not be liste
e record specifies a delayed effective date, but not an effective tierd is filed.	me, at 12:01 a.m. on the earlier of: (b) The 90th day afte
NOVEMBER 20 2020	
Dated Signature of a member or author	orized representative of a member
- (AL VIVIANO	
	ed name of signee