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COVER LETTER

TO:	Registration S Division of Co				
eme n	114 HTH	STREET LLC			
SUBIL	iCT:		nited Liability Company		
		Amendment and fec(s) are sub	_		
Please	return all correspo	ondence concerning this matter	to the following:		
			SEAN KELLY		
			Name of Person		
		1	NAJMY THOMPSON, P.	l	
			Firm Company		
		1	401 8TH AVENUE WES	Т	
			Address		
		BRA	ADENTON, FLORIDA 34	205	
			City/State and Zip Code		,
			LLY@NAJMYTHOMPSO to be used for future annual r		<u>n)</u>
For furt	her information o	oncerning this matter, please c			,
SEAN	KELLY		94]	748-22	
	Name o	f Person	at () Area Code	Daytime Tele	phone Number
Enclose	d is a check for th	ne following amount:			
■ \$25	.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is encla		□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Registr Divisio	ING ADDRESS: ation Section on of Corporations ox 6327	Registratio	f Corporations	

Tallahassee, FL 32314

Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

114 11TH S'	FREET LLC			
(Name of the Limited Liability Compa (A Fiorida Limited	iny as it now appear. Liability Company)	on our records.)		
The Articles of Organization for this Limited Liability Company	were filed on	MARCH 23, 2017	and assigned	i
Florida document number L17000066730				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	ility company he	<u>re</u> :		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the de	signation "LLC" or the abb	revistion "L.L.C."	
Enter new principal offices address, if applicable:				Ξ.
(Principal office address MUST BE A STREET ADDRESS)			S	13E 0.38
				毫誤
	- - 	· · · · · · · · · · · · · · · · · · ·	$\overline{\omega}$	<u> </u>
			2	
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)		- 	<u>-</u> -	팔된
		, ·- · · <u>· · · · · · · · · · · · · · · ·</u>	<u> </u>	=
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her		our records, enter t	he name of th	e new
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Flori	da stroet 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	SHAWN T. KALETA	102 48TH ST	
		HOLMES BEACH, FL 34217	C/ A00
			■ Remove
			☐ Change
MGR	ROMAN ECKERT	7255 BEE RIDGE RD	-
			= Add
		SARASOTA, FL 34241	□ Remove
			Change
			Add
			Remove
			Change
			Remove
			□ Change
			□ Add
			Remove
			Change
			□ Add
			Rcmove
			□ Change

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		delayed effection the record is file		ot an effective	e time, at 12:0	1 a.m. on the	: earlie
d	AUGUST	M	2018	··· ·			
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Page 3 of 3

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