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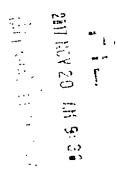
(Requestor's Name)
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PICK-UP WAIT MAIL
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Certified Copies Certificates of Status
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J. HARRIS

## **COVER LETTER**

	gistration Se vision of Cor			
SUBJEČT:	1 <b>0871</b> 105t	h Street, LLC		
SOBJECT.	<del></del>	Name of Lim	ited Liability Company	
		Amendment and fee(s) are sub indence concerning this matter		
		Jake C. Blanchard, Esq.		
			Name of Person	
		Blanchard Law, P.A.		
			Firm/Company	
		1501 Belcher Road S. Unit	t 2B	
			Address	
		Largo, FL 33771		
			City/State and Zip Code	
		jake@jakeblanchardlaw.cor	m to be used for future annual report notifi	
For further i	nformation c	oncerning this matter, please ca		(Cadon)
Jake Blanchard 727 637-2551				
	Name o	f Person	at () Area Code Daytime	Telephone Number
Enclosed 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 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/COURIER ADDRESS: Registration Section Division of Corporations Cliffon Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

10871 105th Street, LLC			
(Name of the Lim	ited Liability Company as it now ap (A Florida Limited Liability Compa	nears on our records.)	
The Articles of Organization for this Limited Liability Company were filed on 5/25/2017			
Florida document number L17000116288	·		
This amendment is submitted to amend the fol	lowing:		
A. If amending name, <u>enter the new name</u>	of the limited liability compan	<u>y here</u> :	
The new name must be distinguishable and contain the	words "Limited Liability Company," (	the designation "LLC" or the abb	
Enter new principal offices address, if appli	cable:	<u>.</u>	2217
Principal office address MUST BE A STRE.	.*	7_7 } d 7_7 } mcC0 see f :	
	<u></u>		E:
Enter new mailing address, if applicable:			; ;
(Mailing address MAY BE A POST OFFICE BOX)			(,)
<ol> <li>If amending the registered agent and registered agent and/or the new registered of the registered agent and registered of the registered agent and registered agent agent and registered agent agent and registered agent agent</li></ol>		on our records, enter t	he name of the r
Name of New Registered Agent:	Michel Clark		
New Registered Office Address:	7550 Park Blvd		
	Enter	Florida street address	
	Pinellas Park	, Florida <sup>337</sup>	81
	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

Title .	Name	<u>Address</u>	Type of Action
MGR	Michael Clark	7550 Park Blvd	Add
		Pinellas Park, FL 33781	■ Remove
			_ Change
MGR	Michel Clark	7550 Park Blvd	<b>B</b> Add
		Pinellas Park, FL 33781	Remove
			Change
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	- <del> 132</del>	Signature	of a member or au	horized representati	ve of a member	, ,	20	mer y
	ichel Clark					•••		:
M	icher Chark						252	

Page 3 of 3

Filing Fee: \$25.00