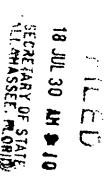
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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
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			COVER LETTER	
	gistration Se vision of Cor			
		venue, LLC		
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed	d Articles of .	Amer disent and fee(s) are sub	mitted for filing.	
Please reniri	all correspo	ndence concerning this matter	to the following:	
		Can Horbot		
			Name of Person	
		86 i Hercules Avenue, L	LC	
			Firm/Company	
		861 N. Hercules Avenue	:	
		,	Address	
		Clearwater, FL 33765		
			City/State and Zip Code	
		LisaH@superiorschools.	com to be used for future annual report notif	
For further in	nformation ec	oncer ring this matter, please of		neacton)
Lisa Herbs			727 799-1200 x	1017
4	Name of	Pers ::	Area Code Daytime	e Telephone Number
Enclosed is a	check for th	e following amount:		
T SOS.00 F への合	-	□ \$30 to Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	© \$40,00 Filing Fire 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 Co.polations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 From:

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Hercules Avenue, LLC		
(Name of the Limited (A	I Liability Company as it now appears on our records.) A Florida Limited Liability Company)	
The Articles of Organization for this Limited Liab Florida document number L17000145529		and assigned
This amendment is submitted to amend the follow	ving:	
A. If amending name, enter the new name of t	he limited liability company here:	
861 Hercules Avenue, LLC		≥ ₍₁₎
The new name must be distinguis table and contain the wor	ds "Limited Liability Company," the designation "LLC" of	or the abbleven on PL.C."
Enter new principal offices address, if applicab	ole:	
(Principal office address MUST BE A STREET	ADDRESS)	25 O L
		1 3 P
Enter new mailing address, if applicable:		SIAI D
(Mailing address MAY BE A POST OFFICE B	ox)	
B. If amending the registered agent and/or registered agent and/or the new registered office Name of New Registered Agent:		
Name of New Registered Argent.		
New Registered Office Address:		
	Enter Florian street ad fress	
	, Flori	daZip Teck
	Cir.	Zip Tade

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 Lability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

From:

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 = M AMBR = A	anager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
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ffective date, if other than the da an effective date is listed, the date must be ote: If the date inserted in this block ocument's effective date on the Depa	specific and cannot be prior does not meet the applic	to date of tiling or more than table statutory filing require	(optional) 90 days after filing.) Pursuant to 6.0 ements, this date will not be list)5.02 ited :
e record specifies a delayed e The 90th day after the record		t an effective time, a	t 12:01 a.m. on the earl	ier
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Jenny Tsantilas /				

Page 3 of 3

Filing Fee: \$25.00