P0866000

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Dusiness Fasity Name)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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CORPORATE

When you need ACCESS to the world

ACCESS,

INC.

236 East 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

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5/17 DANNY

	CERTIFIED COPY		
XX	РНОТОСОРУ		
	CUS		
XX	FILING	LLC AMEND	
	E126 INVESTMENTS		2022 MAY
(1	CORPORATE NAME AND DO	CUMENT #)	AR OF
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((CORPORATE NAME AND DO	CUMENT #)	
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ECIAL STRUC	TIONS:		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

E126 100	restment	5 LLC		
(Name of the Lim	ited Liability Compa (A Florida Limited	any as it now appears on c Liability Company)	our records.)	1000
The Articles of Organization for this Limited	_iability Company	were filed on <u>PVOV</u>	3,2017	and assigned
Florida document number L1700022	8097			ω
This amendment is submitted to amend the fol	lowing:			
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 Liabi	·		
Enter new principal offices address, if appli	cable:	401 E. Ja.	ckson St.	33rd Floor
(Principal office address MUST BE A STRE	<u>ET ADDRESS)</u>	TAMPA FO	- 33602	·
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	<u>: BOX)</u>	401 E. Jack	150n St, 3 L 33602	3rd Floor
B. If amending the registered agent and registered agent and/or the new registered of			records, enter	the name of the ne
Name of New Registered Agent:				
New Registered Office Address:	401 E. J	Enter Florida sti	33 rd Flow	ο <u>λ</u>
		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.

ing 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 = AMBR =	Manager Authorized Member	

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Add
			☐ Remove
			☐ Change
			Add
			□ Remove
			☐ Change
			□ Remove
			Change
,			D Add
•			Remove
			Change
			
			□ Remove
			Change
			Add
			Remove
			Change

).`lf ar	mending any other information, enter change(s) here: (Attach additional sheets. if necessary.)
:	
4,000	tive date, if other than the date of filing:
the re	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.
Dated	MAY 17 2022.
	- Idta
	Signature of a member or authorized representative of a member
	Tason MAtthews Typed or printed name of signee
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00