## Florida Department of State Physion of Consumitions Electronic Bling Coversheet

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(((H170003333083)))



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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : ELLISON LAZENBY PLLC
Account Number : I20150000059
Phone : (727)362-6151
Fax Number : (727)362-6131

\*\*Enter the email address for this business entity to be used for future

annual report mailings. Enter only one email address please.\*\*

Email Address:\_\_\_\_\_admin@elattorneys.com

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN 2701 CENTRAL, LLC

DEC 23 AHU: 13

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Corporate Filing Menu

J. Help

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

To:

2701 CENTRAL, LLC			
(Name of the Limited Liability (A Florida	Company as it now apper	ars on our records.)	<del></del>
The Articles of Organization for this Limited Liability Co Florida document number <u>L17000236510</u>			and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limit	ed liability company b	<u>tere</u> :	
The new name must be distinguishable and comain the words "Limit	ed Liability Company," the	designation "LLC" or the a	hbreviation "L.L.C."
Enter new principal offices address, if applicable:			F (5)
(Principal office address MUST BE A STREET ADDRE			
			(7)
			$\sim$
Enter new mailing address, if applicable:			7-
Mailing address MAY BE A POST OFFICE BOX)	17 <del>11</del>		ယ်
B. If amending the registered agent and/or registered agent and/or the new registered office addre	red office address o ess here:	n <b>our records, <u>enter</u></b>	the name of the
Name of New Registered Agent:	·		
New Registered Office Address:			
	Enter Flo	orida street address	
**************************************		, Florida	
	Cirv		Zin 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

Page 1 of 3

MGR = Manager

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

To:

H170003333083

Title	Name	Address	Type of Acti
MGR	BRAVO TANGO MANAGEMENT, LI.C	PO BOX 7598	
		ST. PETERSBURG, FL 33734	CXRemove
			Change
MGR	Blake REM, LLC	PO BOX 7598	<b>©</b> Add
		ST. PETERSBURG, FL 3373	34 □ Remove
			Change
			Add
			_ Change
<del></del>			_D Add
		Remove	
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Filing Fee: \$25.00