

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H190003419613)))



H190003419613ABC1

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 : (307)200-2803 Phone

Fax Number : (855)330-1010

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

Email	Address:	>>
		~

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SUNSET PIER 5 LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu



U

77 E.

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Sunset Pier 5, LLC (Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.)	
The Articles of Organization for this Limited Liability Company florida document number L1800060732  This amendment is submitted to amend the following:		and assigned
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	ity Company," the designation "LLC" or th	ne abbreviation "L.L.C."
Enter new principal offices address, if applicable:	7901 4th St N	-3
Principal office address MUST BE A STREET ADDRESS)	STE 300 :	<u> </u>
The paragret address most be A STREET ADDRESSY	St. Petersburg FL 33702	PE
Enter new mailing address, if applicable:	900 Circle 75 Pkwy Ste 860	) <del>1</del>
Mailing address MAY BE A POST OFFICE BOX)	Atlanta GA 30339	p.r
3. If amending the registered agent and/or registered of egistered agent and/or the new registered office address her  Name of New Registered Agent:  New Registered Office Address:	ffice address on our records, <u>en</u> <u>e</u> :	ter the name of the
New Registered Office Address.	Enter Florida street address	
	, Florida	
<del></del>	Cuy	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, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
	<u></u>		
			□ Remove
			☐ Change
<del></del>			□ Add
			☐ Remove
			□ Change
			☐ Remove
			Change
	<del></del>	<del></del>	
			☐ Remove
			☐ Change
			□ Add
			Remove
			Change
			□ Remove
			□ Change

<del></del>				
				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
		77		
<del>.,</del>				
-				
				11.11.11.11.11.11.11.11.11.11.11.11.11.
		<del></del> .		
		<u> </u>		
<u></u>			<del></del>	
(If an effective da <u>Note:</u> If the da	e, if other than the date of the is listed, the date must be specifiate inserted in this block does receive date on the Department	ic and cannot be prior to da not meet the applicable	te of filing or more than 90 d	_ (optional) ays after filing.) Pursuant to 605.0 ents, this date will not be listed
f the record sp b) The 90th o	pecifies a delayed effecti day after the record is fi	ve date, but not ar led.	effective time, at 1	2:01 a.m. on the earlier
Dated NOV	vember 22	2019		
			representative of a member	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00