

From:

11/01/2019 11:45

#532 P.001/004

11/1/2019

Division of Corporations

418000136661

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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From:

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Account Number : 120090000014
Phone : (941)907-3999
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Email Address: Skelly@najmythompson.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
403 20TH PLACE LLC**

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2019 NOV 1 11:45 AM

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TALLAHASSEE FLORIDA

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Corporate Filing Menu

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NOV 01, 2019

T. L. THOMAS

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

4190003231653
FILED

2019 NOV - 1 PM 3:33

403 20th Place LLC

(Name of the Limited Liability Company as it now appears on our records)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 04/30/2019 and assigned
Florida document number L18000136661.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

Florida

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

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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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Kaletka, Shawn	1401 8th Avenue West	<input type="checkbox"/> Add
		Bradenton, FL 34205	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Eckert, Roman	1401 8th Avenue West	<input checked="" type="checkbox"/> Add
		Bradenton, FL 34205	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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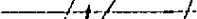
[illegible]

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Dated November 1, 2019

November 1, 2019

 Signature of a member or authorized representative of a member

Roman Eickert

Typed or printed name of signee