L180000215090

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COVER LETTER

275 8TH S			
SUBJECT:		ited Liability Company	<u> </u>
The analysis Amisles of	Assumed the second field of the second	mitted for filling	
	Amendment and fee(s) are sub	_	
Please return all correspo	ondence concerning this matter	to the following:	
	JOHN N ESQUIRE		
	· · · · · · · · · · · · · · · · · · ·	Name of Person	
	FORSYTH BRUGGER		
	<u>. </u>	Firm/Company	
	600 5TH AVE SOUTH SU	JITE 207	
		Address	
	NAPLES, FL 34102		
		City/State and Zip Code	
	É-mail address: (to be used for future annual report notification)	
For further information c	oncerning this matter, please ca	all:	20
REGINA SPICER		239 331-7940	אַאַבנו
Name o	f Person	at ()	
Enclosed is a check for the	he following amount:		် - မြို့
' ■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy Ce (additional copy is enclosed) Ce	0.00 Filing Fee,
Mailing Address		Street Address: Registration Section	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

275 8TH STREET S LLC		
(Name of the Limited Liabi (A Florid	lity Company as it now appears on our records.) da Limited Liability Company)	
The Articles of Organization for this Limited Liability	Company were filed on 9/10/2018	and assigned
Florida document number L18000215090	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and contain the words "Lin	mited Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		292
(Principal office address MUST BE A STREET ADD	RESS)	
Enter new mailing address, if applicable:		7
(Mailing address MAY BE A POST OFFICE BOX)		. <i>जी</i>
		
B. If amending the registered agent and/or registere agent and/or the new registered office address here:		name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	<u></u>	<u> </u>
	Enter Florida street address	
	, Florid	
	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

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>	Address	Type of Action
MGR	ANDREW SMITH	990 IST AVE S, SUITE 200, Naples, FL 34102	= Add
			□Remove
			□Change
			🗆 Add
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Filing Fee: \$25.00