## Florida Department of State

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.

(((H22000270267 3)))



H220002702873ABC

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 : FORSYTH & BRUGGER, P.A.

Account Number : IZ0040000147 : (239)263-6000 Phone

Fax Number : (239)263-6757

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

Email Address:

andysmith603@me.com

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN 275 8TH ST S, LLC

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

Electronic Filing Menu Corporate Filing Menu

Help

H22000270267 3

			COVER LETTE		
	gistration Sec vision of Corp			• "	*1
SUBJECT:	Name of Limited Liability Company  closed Articles of Amendment and fee(s) are submitted for filling.  return all correspondence concerning this matter to the following:  ANDREW SMITH  Name of Person  Firm/Company  990 1ST AVE S., STE 200  Address  NAPLES FL 34102  City/State and Zip Code				
SOBILCI.		Name of Lim	uited Liability Company		<del></del>
The enclase	d Articles of A	mendment and fee(s) are sub	emitted for filing.		
Please return	a ali correspon	dence concerning this matter	to the following:		
		ANDREW SMITH			ion)
	Name of Limited Liability Company  Enclosed Articles of Amendment and fee(s) are submitted for filing.  The return all correspondence concerning this matter to the following:  ANDREW SMITH  Name of Person  Firm/Company  990 IST AVE S., STE 200  Address  NAPLES FL 34102				
			Firm/Company		
		990 IST AVE S., STE 200	)		
		<del></del>	Address	-	
		NAPLES FL 34102			
		andysmith603@me.com	City/State and Zip Code		
For further i	nformation cor			report notification)	
			239 595	-7498	
	Name of I	erson		Daytime Telepho	one Number
Enclosed is a	check for the	following amount:			
<b>≡ \$</b> 25.00 F	Filing Fee	S30.00 Filing Fee & Certificate of Status	Certified Copy		Certificate of Status & Certified Copy
	Name of Limited Liability Company  closed Articles of Amendment and fee(s) are submitted for filling.  return all correspondence concerning this matter to the following:  ANDREW SMITH  Name of Person  Address  NAPLES FL 34102  City/State and Zip Code andysmith603@me.com  E-tuall address: (to be used for future annual report notification)  there information concerning this matter, please call:  EW SMITH  Name of Person  Area Code  Daytime Telephone Number  d is a check for the following amount:  1.00 Filling Fee  Certificate of Status & Certified Copy (additional copy is analosed)  Certificate of Status & Certified Copy (additional copy is analosed)  Certificate of Status & Certified Copy (certificate Copy) (certificate Copy) (certificate Copy) (certificate Copy) (certified Copy) (Certificate Copy) (Certified Copy)				

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

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

H22000270267 3

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

275 81H ST S, LLC		
(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L18000215090	were filed on 9/10/2018	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the a	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 agent and/or the new registered office address here:	address on our records, enter the nar	ne of the new registered
Name of New Registered Agent:		<u> </u>
New Registered Office Address:	Enter Florida street address	SSS D FA
	, Florida	To A To Co
New Registered Agent's Signature, if changing Registered Agent:	•	
I hereby accept the appointment as registered agent and agr	•	aree to comply with the

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

H22000270267 3

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>	Name	Address	Type of Action
MGR	BRUGGER, JOHN N	600 5TH AVE S., STE 207	<b>≘</b> Add
	•	NAPLES FL 34102	□Remove
			☐ Change
			□Remove
			□ Change
			□Add
			□Remove
		· · · · · · · · · · · · · · · · · · ·	☐ Change
			☐ Add
		·	□Remove
		<del></del>	□ Change
<del></del>			□Abd
		-	□Remove
			☐ Change
			□Add
			□Remove
		_	Change

				<u> </u>			<del></del>
				···			
				· <del></del>			
						<del></del>	<del></del>
	<del></del>	<del></del>	<del></del>				
	,				<del></del>	<del></del>	
	. <u> </u>				· · · <del>-</del> · · · ·	<del></del>	
		<del></del>					
			·	<del></del>			
	•	· ·	<del></del> -	<del></del> _	···-	·	
					,		
					·		
	<del></del>						
			•				
in effective da <u>ete:</u> If the d	i, if other than to e is listed, the date note inserted in this feetive date on the	must be specific an block does not	d cannot be prior	to date of filing or able statutory file	nore than 90 days ng requirements.	optional) after filing.) Pursuur , tisis date will not	it to 605.02 be listed :
ecord specifies filed.	ಜ a delayed effec	tive date, but no	t an offective ti	me, at 12:01 a.m	, on the earlier o	f: (b) The 90th d	ay after th
	<u> </u>						
sed	<del></del>			1 1/4			
sed				orized caprescritate	11/		

Filing Fee: \$25.00