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To:

Division of Corporations

Fax Number : (850)617-6383

Prom:

Account Name : HADDOCK PROFESSIONAL ASSOCIATION

Account Number: I20010000146 : (407)571-3900 Fax Number : (407)571-4390

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

Email Address:

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COVER LETTER

TO: Registration Section Division of Corpora			
SUBJECT:	SC Frisco	Retail, Led Liability Company	1
The enclosed Articles of Amo	endment and fee(s) are subm	nitted for filing.	
Please return all corresponder	nce concerning this matter to	the following:	
-		Name of Person Profession Finn/Company	nal Association
-	3300 U	niversity Address	BIVd.
- 	E-mail address: (to	City/State and Zip Code Code	C, FC 32792 W. com port notification)
For further information conce	erning this matter, please cal	11:	
Name of Per	4 NW	at (Area Code)	571-3908 Daytime Telephone Number
Enclosed is a check for the fo	ollowing amount:		
E \$25.00 Filing Fee	330.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclo	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address: Registration Sectorision of Corp P.O. Box 6327	orations	Division The Cent	Iress: ion Section of Corporations tre of Tallahassee

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

OF 2020 JUNETE ANTE: 55 The Articles of Organization for this Limited Liability Company were filed on ___ Florida document number L18000244384 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

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

. Florida

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

AMBR = Authorized Member 2020 JUNETE AHTH: 55 Title Name Address Type of Action _____ ПС напес _____ 🗀 Add _____ □Change ______ □Remove ______ Change ______ □ Add

MGR = Manager

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effective date is liste te: If the date inse	ner than the date of d, the date must be speci- rted in this block does date on the Departmen	fic and cannot be prior not meet the applic	r to date of filing or more cable statutory filing re	(optional) than 90 days after filing quirements, this date	3 Pursuant to 605 02
cord specifies a de s filed.	ayed effective date, bu	ut not an effective t	ime, at 12:01 a.m. on t	he carlier of: (b) Th	ne 90th day after th
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Filing Fee: \$25.00