

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

: GASSMAN, CROTTY & DENICOLO, P.A. Account Name

Account Number : 075350000514

Phone Fax Number : (727)442-1200 : (727)443-5829

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

4264 ST. LAWRENCE DRIVE L.L.C.

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Electronic Filing Monu

Corporate Filing Menu

Help

COVER LETTER

Division of Con					
SUBJECT: 4264 St. La	owrence Drive, L.L.C.				
donato (Name of Limite	d Lisbility Company			
The enclosed Articles of	Amendment and fee(s) are submi	itted for filing.			
Please return all correspo	ondence concerning this matter to	the following:			
	Alan S. Gassman				
		Name of Person	· · · · · · · · · · · · · · · · · · ·		
	Gassman, Crotty & Denicolo	o, P.A.			
		Firm/Company			
	1245 Court Street				
		Address	, _	26 26	
	Clearwater, FL 33756			2010 DEC	
		City/State and Zip Code		\$55.83 11-3	;-
	E-mail oddress: (to	be used for flature annual report notif	fication)	AK OF:	[]
For further information of	oncorning this matter, please call:	;		701 118 118	
Adriana Choi		727 442-1200 at ()		39	
Name o	f Person		e Telephone Number		
Enclosed is a check for the	ne following amount:				
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status &	

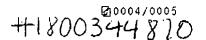
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassec, FL 32314 STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

nnears on our records)
October 26, 2018 and assigned
ny here:
the designation "LLC" or the abbreviation "L,L,C,"
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s on our records, enter the name of the ne
r Florida street address
, Florida
Zip Code

Page 1 of 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 Mcmber

Title	<u>Name</u>	Address	Type of Action
MGR	Kimberly Palys-Chasnoff	1245 Court Street	■ Add
		Cleanvater, FL 33756	☐ Remove
			Change
MGR	Kimberly Palys	1245 Court Street	
		Clearwater, FL 33756	
			Change
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			Remove
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fective date, if other than the date of filing:(c	optional)	
in effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days ate: If the date inserted in this block does not meet the applicable statutory filing requirements, cument's effective date on the Department of State's records.	atter filing.) Pursu, this date will no	ant to 605.01 of be listed
record specifies a delayed effective date, but not an effective time, at 12:0 The 90th day after the record is filed.	01 a.m. on th	e earll e r
ted December 4, 2018		
Mal		
Signature of a member or authorized representative of a member		 -
·		

Page 3 of 3

Filing Fec: \$25.00