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(((H25000357530:3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

|From:

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

Account Number : 075350000514

Phone : (727)442-1200

Fax Number

: (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.

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN 12801 S. BELCHER ROAD, L.L.C.

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12801 S. RELICHER ROAD, L.L.					<u> </u>	
(1 <u>X#119_AC-1115_5</u>) [11	(A Plorida Limited)	ny as it now appears on our Liability Company)	recorus.)		1	
The Articles of Organization for this Limited I	Liability Company	were filed on 11/07/2018		a:	nd assigned	 <u> </u>
Florida document number L18000261551						
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This amendment is submitted to amend the fol	lowing;		1			
A. If amending name, enter the new name	of the limited Itab	ility company here:	1			
·	·				~>	
The new name must be distinguishable and contain the	words "Limited Liabil	hty Company," the designation	i "LLC" or the ab	brovisti		
Enter new principal offices address, if appli	cable:	5737 9TH AVENUE N.			3	
(Principal office address MUST BE A STRE	ET ADDRESS)	ST. PETERSBURG, FL	33710		l .	
: :						•
:			!		ći) 	
Enter new mailing address, if applicable:		3737 9TH AVENUE N.				
(Mailing address MAY BE A POST OFFICE	(BOX)	ST. PETERSBURG, FL	33710			0
			<u> </u>		<u> </u>	
B. If amending the registered agent and/or	registered office :	address on our records.	enter the nam	e of th	he new reg	dstored
agent and/or the new registered office addre			Ĭ			
!			1	į		I
Name of New Registered Agent:	CHRISTOPHE	R I. DENICOLO, ESQ.			<u>-</u>	
New Registered Office Address:	1245 COURT S	STREET	<u> </u>			
		Enter Florida street	address			
:	CLEARWATE		_, Florida ^{[33}	756	-	
		City	·	Zip	Code	
New Registered A'gunt's Signature, if changing					.	
I hereby accept the appointment as register provisions of allistatutes relative to the proj	ed agent and agre per and complete	ee to act in this capacity performance of my duti	r. I further ag. es. and I am t	ree to Iamilia	comply wi ar with an	ith the d
accept the obligations of my position as reg	istered agent <mark>as p</mark>	provided for in Chapter	605, F.S. Or.	if this	i documenț	
being filed to merely reflect a change in the company has been notified in writing of this		address, I hereby confu	m that the lin	nitedil	'iability	
Somparing has outer notifice in mining by inis	. change.				Ì	
.V.		1/2 -		-		

If Changing Registered Agent, Signature of New Registered Agent

FAX AUDIT #H25000357530 3

FAX: AUDIT #H25000357530 3

If amending Authorized Person(s) authorized to manage, enter the title, name, and ad	dress of leach pers	on being	added
or removed from our records:	1	.1	

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Act
MGR	DANIELLE CARTIER, CPA	5737 9TH AVENUE N.	. ■ Add
		ST. PETERSBURG, FL 33710	: : : : : : : : : : : : : :
	· ·		; [] Change
MGR ··-	DAVID MAYNARD	812 HARBOR ISLAND	
: •	CLEARWATER, FL 33767	 	
	:		Change
	<u> </u>		□Add
	:	-\	□Remove
			☐ Change
	<u> </u>		
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	<u></u>		□Add
			□Remove
			LiChange

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f amending any other information, enter change(s) here: (Auach additional sheets, if n	necessary.)	
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ffective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days a bote: If the date inserted in this block does not meet the applicable statutory filing requirements, becomesn's effective date on the Department of State's records.	ptional) fice filing) Pursuant to 505.0207 this date will not be listed as	7 (3 th
record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of tie filed.	: (b) The 90th day ofter the	
aicd October 6, 2025.		
1 Chan		
Signature of a member or authorized representative of a member		
CHRISTOPHER J. DENICOLO, ESQ., AUTH. REP. Typod or printed name of signed		
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