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## FLORIDA DEPARTMENT OF STATE Division of Corporations

September 29, 2021

MANUEL CALZON III 3317 S SAN MIGUEL ST TAMPA, FL 33629 US

SUBJECT: 302 GULF BLVD LLC Ref. Number: L18000268946

We have received your document for 302 GULF BLVD LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$60.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 521A00023524

Jasmine N Horne Regulatory Specialist II 出土のCT 12 PH 2: 33

www.sunbiz.org

## · COVER LETTER

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TO: Registration Secti Division of Corpo			•		
SUBJECT:	302 Gulf	Blyd L	<u> </u>	<u> </u>	100
	Name of Limi	ited Liability Company	r	201050 15	
			2	RELISEP 17	A# 5: 10
The enclosed Articles of Art	nendment and fee(s) are sub-	mitted for filing.		,	
Please return all correspond	ence concerning this matter	to the following:			
	Manuel C	Alzon III			
	4-2-2	Name of Person	<del>-</del>		
	302 G	uf BIVI	LLC		
		Firm/Company	<u> </u>		
	3317 S. S	An Mique	St		
	TAMPA, F	-L 33629			
	307611521	City/State and Zip Code	<b>Λ</b> οιοΛ		
	E-mail address: (t	to be used for future annual	report notificatio	n)	
For further information con-		•			
Manuel CAlz	on th	at (\$13)	334-6	45	
Name of Po	erson /	Area Code	Daytime Tele	phone Number	
Enclosed is a check for the	following amount:				
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee Certified Copy (additional copy is en-		Certified C	of Status &

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

10 21 1110

FILED

2021 OCT 12 AM 6:51

	DIVO LL	
(Name of the Limited I	Clability Company as it now appears on our records.) SECRETARY OF STATE Florida Limited Liability Company)	
		Ö
Florida document number L!8 000 268 9	11/2	
Florida document number Fig. 8 Colored		
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of the	e limited liability company here:	
The new name must be distinguishable and contain the words	s "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."	_
Enter new principal offices address, if applicable	e:	_
(Principal office address MUST BE A STREET A	ADDRESS)	_
		_
Enter new mailing address, if applicable:		_
(Mailing address MAY BE A POST OFFICE BO	<u></u>	_
B. If amending the registered agent and/or regis agent and/or the new registered office address h	stered office address on our records, <u>enter the name of the new regist</u> lere:	ere
Name of New Registered Agent:		_
Name Demistered Office Address		
New Registered Office Address:	Enter Florida street address	-
	Florido	
-	, Florida, Florida	-

### 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 11/45 1/45ccoin St	Type of Action
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