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PICK-UP WAIT MAIL
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SECRETARY OF STATE TALLAHASSEE, FL

## **COVER LETTER**

TO:

Registration Section

Division of Cor	porations					
28509 St. Jo SUBJECT:	pe Road, LLC	•				
	Name of Lim	ited Liability Company	<del></del>			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please return all correspo	ndence concerning this matter	to the following:				
	Austin Sigety					
		Name of Person				
	28509 St. Joe Road, LLC					
	·	Firm/Company				
	3225 S. Macdill Ave.					
	-	Address				
		City/State and Zip Code				
			otification)			
For further information e	oncerning this matter, please ca	all:				
Austin Sigety		813 416-0526				
Name o	f Person	Area Code Dayt	time 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)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			
Mailing Address		Street Address: Registration 9				
Registration Section Division of Corporations			Division of Corporations			
P.O. Box 632		The Centre of				
Tallahassee, l	rl 32314	2415 N. Mon	roe Street, Suite 810			

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

28509 St. Joe Road, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on <sup>1-18-2019</sup> and assigned Florida document number L190000020955 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 , Florida \_ City

## 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	Type of Action
Secretary	Shannon Miltner	3225 S. Macdill Ave	€ Add
		Tampa, FL 33629	□Remove
		<u></u>	□Change
			□ Add
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ffective date, if other than the an effective date is listed, the date must lote: If the date inserted in this bloocument's effective date on the De	date of filing: _ be specific and can ck does not meet	the applicabl	date of filing or mo te statutory filing	( <b>op</b> ore than 90 days at requirements, t	tional) ter filing.) Pursuant his date will not	to 605.0207 ( be listed as t
record specifies a delayed effective d is filed.	date, but not an	effective time	e, at 12:01 a.m. c	n the earlier of:	(b) The 90th da	y after the
Pated July 21st	2	1022				
6/	1		•			
////	طی Signature of a men					