Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H21000332430 3)))



H210003324303ABCS

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page? Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : NELSON MULLINS RILEY & SCARBOROUGH LLP

Account Number : I19980000090 Phone : (407)839-4200 Fax Number : (407)839-4264

**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 1700 HOFFNER, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

Electronic Filing Menu Corporate Filing Menu

Help

(HZ10003321130 3)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

		,,_,			
(Name of the Limited Liability Compan (A Florida Limited Li	iy as it now appears on o lability Company)	ur records.)			
The Articles of Organization for this Limited Liability Company vi Florida document number L19000088984	were filed on	119	_ and a	ssigned	
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liabil	lity company here:				
•				2	
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designa	tion "LLC" or the abbre	viation	LEC."	_
Enter new principal offices address, if applicable:				33	!
(Principal office address MUST BE A STREET ADDRESS)				1	
			-	~	
				宝	, b , a, b
Enter new mailing address, if applicable:			3-	- ti	
(Mailing address MAY BE A POST OFFICE BOX)		· · · · · · · · · · · · · · · · · · ·		<u>.ç.</u>	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: Name of New Registered Agent:	ddress on our record	ls, <u>enter the name o</u>	f the n	ew regis	<u>itered</u>
New Registered Office Address:	Enter Florida sti	eet address			
	, Florida				
	City	, Florida	Zip Coo	ie	_
New Registered Agent's Signature, if changing Registered Agent:					

(HS18083351130 3)

If Changing Registered Agent, Signature of New Registered Agent

MGR = Manager

(H210003321303)

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 Type of Action Title Name Address MGR MICHAEL BITTERMAN 1700 Hoffner Avenue ■Add Orlando, Fl. 32809 _____ Change MGR JOHN W. BITTERMAN, III 1700 Hoffner Avenue ⊟Add Orlando, FL 32809 _ ∐Change ____ □Add ____ □Remove _____ Change Remove _____ Change _____ □Add _ Remove

(H210003524303)

_____ DChange

(H21060332430 3)

					28	2021
-				•		SEP
					٠	_ i 0 i
					- ;;. - ;:	
					·	72
					C.	_
						- 원 - 윤.
					·	_
						
		. <u>-</u>				_
	***************************************					_
	· · · · · · · · · · · · · · · · · · ·			 -		_
					·····	
						_
ective date, if o	ther than the date o	f filing:		ore than 90 days after filin)	
e: If the date ins	sted, the date must be spec serted in this block doe e date on the Departme	s not meet the appli	cable statutory filin	ore than 90 days after filin g requirements, this dat	g.) Pursuant to 6 e will not be l	605.0207 (isted as t
cord specifics a d s filed.	Iclayed effective date, t	out not an effective	time, at 12:01 a.m.	on the earlier of: (b) T	he 90th day a	fter the
ed	9/3	2021	·			
			horized representative			

Filing Fee: \$25.00

(HZ10085321130 3)