L1900010/48/

(Requestor's Name)
(4.11)
(Address)
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(Business Entity Name)
(Document Number)
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31	OBJEC	· · ·		ited Liability Company	
TI	ne enclo	ased Articles of	Amendment and fee(s) are sub	mitted for filing	
				-	
		ain an correspo	Sheri Hammond	to the following.	
		Name of Person Blake Investment Partners Firm/Company 3390 Peachtree Street, Suite 100 Address Atlanta, GA 30326 City/State and Zip Code ataylor@blakeip.com E-mail address: (to be used for future annual report notification) her information concerning this matter, please call:			
			Blake Investment Partners		
				Firm/Company	_ _
			3390 Peachtree Street, Sui	te 100	
				Address	
			Atlanta, GA 30326		
			ataylor@blakeip.com	City/State and Zip Code	
			E-mail address: (to be used for future annual report notif	ication)
Fo	r furthe	er information co	oncerning this matter, please ca	all:	
Ai	sha Ta	ylor			
		Name of	f Person	Area Code Daytime	: Telephone Number
En	closed	is a check for th	e following amount:		
	\$25.0	0 Filing Fee		Certified Copy	Certificate of Status & Certified Copy

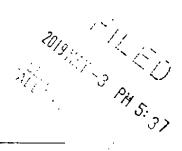
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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



30B 3rd 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 April 12, 2019 and a Florida document number L19000101481	assigned
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)	
3. If amending the registered agent and/or registered office address on our records, enter the nam registered agent and/or the new registered office address here:	of the new
Name of New Registered Agent:	
New Registered Office Address:	
Enter Florida street address	
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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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>	<u>Address</u>	Type of Action
MGR	Longterm Retail LLC	262 4th Avenue North, St. Petersburg, FL 33701	
			☐ Remove
			□ Change
_ 			
			□ Remove
			□ Change
			Add
			Remove
			Change
			
			□ Remove
			Change
			Add
			Remove
			Change
			Add
			Remove
			Channa

Note:	ive date, if other than the date of filing: [cetive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as thent's effective date on the Department of State's records.
the ree	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	April 30 2019 Signature of a member or authorized representative of a member

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00