L19000 10990H

(Re	equestor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	me)
(Do	ocument Number)	
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COVER LETTER

SUBJECT: Newtu	ne Pronerty Group	LLC	
SUBJECT	Name of Limi	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Division of Corporations		
	Neptune Propert	Y Gyoup U.C. Firm/Company	
	6400 17th Ave N		
	St Retersburg FL	City/State and Zip Code	···
			fication)
For further information of	concerning this matter, please ca	all:	
Nick Saltz	Man of Person		
Enclosed is a check for t	he following amount:		
\$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
Registration Division of C	Section Corporations	Registration Sec Division of Cor	porations
P.O. Box 632	27	The Centre of 1	`allahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Neptune Property Group LL		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited)	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L19000 09804</u> .	were filed on <u>04-23-2019</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:	6400 17th Aven	
(Principal office address MUST BE A STREET ADDRESS)	St Petersburg, FL 33710	
Enter new mailing address, if applicable:	6400 17th Ave N	
(Mailing address MAY BE A POST OFFICE BOX)	St Defors burg FL 33710	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent:	address on our records, <u>enter the na</u>	me of the new register
		(-)
New Registered Office Address:	Enter Florida street address	- :
	Florida	Zip Code
New Registered Agent's Signature, if changing Registered Agent:	City 5	Zip Code
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete	ree to act in this capacity. I further a	

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 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
AMBR	Mark Berdelle	6400 17th Ave N	MAdd
		St. Actorsburg FL 33710	□Remove
			□Change
AMBR	MBR Jenna Berdelle	6400 17th Ave N	X Add
		St Petersburg FL 33710	□Remove
		<u> </u>	□ Change
<u></u>			
			□Remove
			□Change
			□Add
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			Change
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n effective	late is listed, the date m date inserted in this l	iust be specific a	and cannot be pr	ior to date of filing	g or more than 90	days after filing	.) Pursuant to 605	.0207 (
cument's	effective date on the	Department o	f State's recor	ds.	ming requires	nergs, trus date	. Will that of tisk	
ecord spec	ifies a delayed effect	ive date, but r	not an effective	e time, at 12:01	a.m. on the ear	lier of: (b) T	he 90th day after	r the
is filed.	-						•	
ted	7-28		2021					
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	7-28 hr	Signature of	amember or di	ithorized represen	itative of a memb	xr		

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