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TO:

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eud ipæt.	5620	Tara #202. LLC .	•	
SUBJECT:		Name of Limi	ted Liability Company	
The enclosed	Articles of .	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		Brenden S. Moriarty		
			Name of Person	
		The Moriarty Law Firm PA	1	
		-	Firm/Company	
		1001 Third Avenue West,	Suite 650	
			Address	
		Bradenton, Florida 34205		
		· <u>··</u> ·	City/State and Zip Code	
		bmoriarty@suncoastlegalgr		
		E-mail address: ()	to be used for future annual report notification	on)
For further in	formation c	oncerning this matter, please ca	all:	
Brenden S. N	Aoriarty		941 749-0075 at ()	
	Name o	f Person		ephone Number
Enclosed is a	check for th	ne following amount:		
■ \$25.00 F	iling Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Fiting Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
· · · · · · · · · · · · · · · · · · ·	ling Addres		Street Address: Registration Section	n
_	•	Corporations	Division of Corpora	
). Box 632	•	The Centre of Talla	ihassee
Tal	labassee l	FL 32314	2415 N. Monroe St	reet Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	5620 Tara #202, LLC	´ :
(Name of the Limit	ed Liability Company as it now appears on our (A Florida Limited Liability Company)	records.)
he Articles of Organization for this Limited Li	ability Company were filed on June 10, 20	19 and assigned
lorida document number L19000153319	·	
his amendment is submitted to amend the follo	owing:	
. If amending name, enter the new name of	the limited liability company here:	
6	945 Gulf of Mexico Drive, LLC	
he new name must be distinguishable and contain the w	ords "Limited Liability Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applica	able:	
Principal office address MUST BE A STREE	T ADDRESS)	
Enter new mailing address, if applicable:		
•		<u> </u>
Mailing address MAY BE A POST OFFICE	<u></u>	
		
3. If amending the registered agent and/or re	ngistared office address on our records	antou the name of the new regist
gent and/or the new registered agent and/or re		inter the name of the new regist
- · · · · · · · · · · · · · · · · · · ·		
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street d	address
	City	_, Florida Zip Code
	Cuis	zsp Code

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>	Name	Address	Type of Action
AMBR	Megan Michelle Klein	13505 Saw Palm CreekTrail	≣Add
		Bradenton, Florida 34211	□Remove
			□ Change
			□∧dd
			□ Change
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			Remove
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lote: If the date inserted in this	must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.02 s block does not meet the applicable statutory filing requirements, this date will not be listed:
ocument's effective date on the	e Department of State's records.
record specifies a delayed effect is filed.	ctive date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after th
April 6	2020
	Chil- Chi
	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member Christopher T. Klein