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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : UCC FILING & SEARCH SERVICES, INC.
Account Number : I19980000054
Phone : (850)681-6528
Fax Number : (850)681-6011

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: T Vella @ CoAdvantage, com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
AQ PEO V, LLC**

Certificate of Status	0
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RECEIVED
OCT 25 2019

FILED

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

(((H19000315267 3)))

FILED

2019 OCT 24 P 2:53

AQ PEO V, 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 7/19/2019 and assigned
Florida document number L19000177779.

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:

3350 Buschwood Park Dr., Ste 200

(Principal office address MUST BE A STREET ADDRESS)

Tampa, FL 33618

Enter new mailing address, if applicable:

6407 Parkland Dr.

(Mailing address MAY BE A POST OFFICE BOX)

Sarasota, FL 34243

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:

NRAI Services, Inc.

New Registered Office Address:

1200 South Pine Island Rd

Enter Florida street address

Plantation

City

Florida 33324

Zip 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.

Ed Hand, Asst Sec.

If Changing Registered Agent, Signature of New Registered Agent

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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>	<u>Type of Action</u>
MGR	Clinton W. Burgess	3350 Buschwood Park Dr. Ste 200 Tampa, FL 33618	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Peter C. Grabowski	3350 Buschwood Park Dr. Ste 200 Tampa, FL 33618	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

[illegible]

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective 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 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

(b) The 90th day after the record is filed.

Dated October 23, 2019.

Signature of a member or authorized representative of a member

PETER C. GRABOWSKI

Typed or printed name of signer

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