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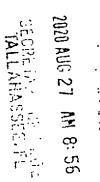
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## **COVER LETTER**

Registration Section Division of Corporations

TO:

CHRICOT	Troy Holding, LLC	
SUBJECT:	Name of Lim	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:
	Matthew Thompson	
		Name of Person
	Matthew J. Thompson, P.A	ι.
		Firm/Company
	1226 N. Tamiami Tr., Suite	e 201
		Address
	Sarasota, FL 34236	
		City/State and Zip Code
	mthompson@mainstreetcor	ps.com
	E-mail address: (	to be used for future annual report notification)
For further information c	oncerning this matter, please c	ps.com to be used for future annual report notification)  all:
Matt Thompson		all: 27
Name o	f Person	Area Code Daytime Telephone Number
Enclosed is a check for the	he following amount:	
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & S60.00 Filing Fee, Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)
Mailing Address		Street Address:
Registration Section Division of Corporations		Registration Section Division of Corporations
P.O. Box 6327		The Centre of Tallahassee
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Yavascalar Troy Holding, LLC		
( <u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now appears on our led Liability Company)	records.)
The Articles of Organization for this Limited Liability Comp.	any were filed on July 11, 201	9 and assigned
Florida document number 1.19000179144		_
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited l	liability company here:	
The new name must be distinguishable and contain the words "Limited L	iability 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	0	<u> </u>
		2D20
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		27
	<del></del>	8 - 11
B. If amending the registered agent and/or registered offi		(a)
agent and/or the new registered office address here:	ice address on our records, g	TTI OV
N ON D		
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street	address
		Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Age	ent:	
I hereby accept the appointment as registered agent and a provisions of all statutes relative to the proper and comple accept the obligations of my position as registered agent being filed to merely reflect a change in the registered off company has been notified in writing of this change.	lete performance of my duti as provided for in Chapter	es, and I am familiar with and 605, F.S. Or, if this document is

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>	<u>Name</u>	Address	Type of Action
MGR	James B. Jones	One South School Avenue. Suite 500	■Add
		Sarasota, FL 34237	□Remove
			Change
			□Add
			□Remove
			□Change
	<del></del>		□Add
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Effective date, if other than the If an effective date is listed, the date mu Note: If the date inserted in this bidocument's effective date on the D	lock does not meet the applicable bepartment of State's records.	statutory filing requirements, t	his date will not be liste	ed as the
"MCOFA SPAYILIES II delayad elfectiv	c date, but not an effective time,	at 12:01 a.m. on the earlier of:	(b) The 90th day after	م بد این
record specifies a delayed effective is filed.				
d is filed. August	2020			
ŭ is filed. August	2020		V	
e record specifies a delayed effective d is filed.  Dated August	2020 Signature of a member or authorize	ed representative of a member	v	

Filing Fee: \$25.00