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COVER LETTER

Division of Co			•			
SUBJECT:	St. Pete	Impound LLC	A 2			
<u>-</u>	Name of Lin	nited Liability Company				
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for tiling.				
Please return all corresp	ondence concerning this matter	to the following:				
	<u></u>	Frank Michael Owen				
		Name of Person				
	S	t. Pete Impound LLC				
		Firm/Company				
		6476 5th Ave. South				
		Address				
	St. I	Petersburg, Florida 3370	7			
		City/State and Zip Code				
	-	stpeteimpound@gmail.com				
For further information	E-mail address: (concerning this matter, please c	to be used for future annual report no all:	otification)			
Frank Michael Owen		at(727) 656-6				
Name	of Person	Area Code Dayti	me Telephone Number			
Enclosed is a check for t	the following amount:					
X \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy tadditional 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				

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

St. Pete Im	npound LLC 11 n 17 Pil 31 ZZ					
(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 Florida document number $\underline{119000184052}$.	were filed on 07/17/2019 and assigned					
This amendment is submitted to amend the following:						
A. If amending name, enter the new name of the limited liabi	pility company here:					
The new name must be distinguishable and contain the words "Limited Liabili	ility Company," the designation "LLC" or the abbreviation "L.L.C."					
Enter new principal offices address, if applicable:	6476 5th Ave. South					
(Principal office address MUST BE A STREET ADDRESS)	St. Petersburg, Florida 33707					
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	(N/A)					
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, <u>enter the name of the new registere</u>					
Name of New Registered Agent:	(N/A)					
New Registered Office Address:	Enter Florida street address					
	Florida					
	City Zip Code					
New Registered Agent's Signature, if changing Registered Agent:						
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as p	performance of my duties, and I am familiar with and					

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.

(N/A)

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> <u>being addedor removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	6.23 AV 17 I	1. 3: 22	Type of Action
MGR	James Michael Paine 4228	8 Ta <u>rpon Dr</u>			∑Add
					_ □Remove
					_ □Change
					_□Add
					Remove
					_ □Change
-					_ □Add
			 -		_ □Remove
			and the second		_ □Change
				_	_ □Add
					_ □Remove
					_
					_□Add
					Remove
	•				□Change
					_□Add
					Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Sole intent with this Amendment filing is to 1) change Principal Address and 2) add James M. Paine to list as Manager in addition to his current Registered Agent status. 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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated _____August 13 2020

> Frank Michael Owen Typed or printed name of signee

> > Filing Fee: \$25.00