9/14/2020

orida Department of State



Division of Corporations **Electronic Filing Cover Sheet**

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(((H20000319973 3)))



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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

ẅ

Account Name : BLALOCK, WALTERS, HELD & JOHNSON, P.A.

Account Number : 076666003611

Phone Fax Number : (941)748-0100 : (941)745-2093

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

Lou@parkstonegp.com Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN BASS PARTNERS, LLC

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 0 |
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Electronic Filing Menu

Corporate Filing Menu

SEP 1 6 2020

Fax Audit: (((H20000319973 3)))

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

| (Name of the Limited Liability Comp: (A Floride Limited | any as it now appears on our records.) Liability Company) | |
|--|---|-----------------------|
| The Articles of Organization for this Limited Liability Company Florida document number L19000213443 | | and assigned |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liab | ility 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: | 745 Orienta Avenue, Suite 1011 | 210 210 |
| Principal office address MUST BE A STREET ADDRESS) | Altamonte Springs, FL 32701 | 707 |
| | | 277 |
| | | <u>.</u> |
| Enter new mailing address, if applicable: | 745 Orienta Avenue, Suite 1011 | رم د ا |
| Mailing address MAY BE A POST OFFICE BOX) | Altamonte Springs, FL 32701 | 7 7 |
| | | |
| | | 20 |
| 3. 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 regi |
| New Registered Office Address: | | |
| TANKS OF THE PROPERTY OF THE PARTY OF THE PA | Enter Florida street address | |
| | | |
| | , Florida | |

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

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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> | Address | Type of Action |
|--------------|--------------|-----------------|----------------|
| | _ | ~~ . | □Add |
| | | - | □Remove |
| | | · | □Change |
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| Note: | ive date, if other than the date of filing: |
| e recor rd is fil | d 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 ed. |
| Dated , | September 14 , 2020 . |
| | |
| | Signature of a member or authorized representative of a member |

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