

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H19000309066 3)))



H190003090663ABC1

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : KAYALI & CO., P.A.

Account Number : 120160000100 Phone : (813)899-9642

Fax Number : (813)899-9793

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

Email Address: into Quctaosk. Com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
POWHATAN STREET LLC

| Certificate of Status | 0 | | |
|-----------------------|---------|---|-----------|
| Certified Copy | 0 | 3 | U |
| Page Count | 10 | 댓 | ىت ئان |
| Estimated Charge | \$25.00 | | تث |

Electronic Filing Menu

Corporate Filing Menu

Help

414000 3040663

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

| POWHATAN STREET LLC | naight 17 P 24 4 3 |
|--|---|
| Name of the Limited Liability Compa (A Florida Limited) | ny as it now appears on our records.) |
| | San |
| The Articles of Organization for this Limited Liability Company | were filed on and assigned |
| Plorida document number L19000222335 | |
| his amendment is submitted to amend the following: | |
| A. If amending name, enter the new name of the limited liab | ility company <u>here</u> : |
| The new name must be distinguishable and contain the words "Limited Liabil | lity Company," the designation "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | 5701 N. NEBRASKA AVE. |
| (Principal office address MUST BE A STREET ADDRESS) | TAMPA, FL 33604 |
| Enter new mailing address, if applicable: | 5701 N. NEBRASKA AVE. |
| Mailing address MAY BE A POST OFFICE BOX | TAMPA, FL 33604 |
| B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here 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 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

-+ 19000 3090663

11-14000 3040 643

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 = M $AMBR = A$ | Lanager .uthorized Member | | |
|--------------------|------------------------------|--------------|----------------|
| Title | Name | Address | Type of Action |
| | | | D Add |
| | | | Remove |
| | | | Change |
| | | | |
| | | | Remove |
| | | | Change |
| | | | |
| | | | □ Remove |
| | | <u> </u> | ☐ Change |
| | | | □ Add |
| | | | □ Remove |
| | | | ☐ Change |
| | | | |
| | | | □ Remove |
| | | | ☐ Change |
| | | - | D Add |
| | | | □ Remove |
| | | | □ Change |

Page 2 of 3 ++ 19000 3090663

H14000 3040663

| • | |
|----------------------|---|
| • | |
| | |
| | |
| | |
| • | |
| • | · |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| Effectifian et Note: | tive date, if other than the date of filing: [fective 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. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as nent's effective date on the Department of State's records. |
| he re Thi | cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of e 90th day after the record is filed. |
| Dotos | OCTOBER 16TH 2019 |
| CHIEC | A. C |
| | |
| | |
| | Signature of a member or authorized representative of a member |

Page 3 of 3

Filing Fee: \$25.00 ++ 19000 3090663