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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Sharpland Properties L.L.C. Name of Limited Liability Company		
The enclosed Articles of Amendment and fee(s) are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
Osvaldo Arocha Name of Person		
Sharpland Properties LLC		
10701 N. Annette Ave		
Tampa, FL 33612 City/State and Zip Code Sharpland properties @ amail. Com E-mail address: (to be used for future annual report notification)		
<u>Sharpland properties @ amail.</u> Com E-mail address: (to be used for future annual report notification)		÷,
For further information concerning this matter, please call:		2 <u>10</u> 46
Osvaldo Arocha at (813) 928-3866 Name of Person Area Code Daytime Telephone Number		
Name of Person Area Code Daytime Telephone Number	글 된	CS SORA
Enclosed is a check for the following amount:	2)	SMOLL
S25.00 Filing Fee Sacrificate of Status Certificate of Status		<i>o</i> n

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Sharpland Properties (Name of the Limited Liability C	operties LLC ompany as it now appears on our records.) nited Liability Company)	
(A Florida Lin	nited Liability Company)	
The Articles of Organization for this Limited Liability Com	pany were filed on $9/3/19$	and assigned
Florida document number <u>L 19000222543</u>		
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 abb	reviation "L.L.C."
	-	
Enter new principal offices address, if applicable:		<u></u>
(Principal office address MUST BE A STREET ADDRES	<u> </u>	<u> </u>
		e Par
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		# Cgv.
22		- T. EE
		
B. If amending the registered agent and/or registere	ed office address on our records enter t	⊕ he name of the no
registered agent and/or the new registered office address		ile maine of the net
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

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
CEO MGR	Osvaldo Arocho	1 10701 N. Annette Ave	ja Add
AMBR		Tampa, FL 33612	□ Remove
			Change
			□ Add
			☐ Remove
			🗖 Change
			□ Add
			🗆 Remove
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		 	□ ∧dd
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			Change

(II an ct Note:	ive date, if other than the date of filing:
the re	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	09/27/2019 Eled A
	Signature of a member of authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00