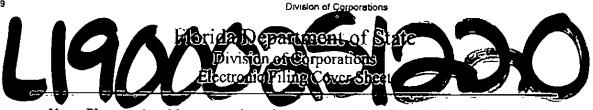
10/23/2019



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.

(((H19000314475 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : GASSMAN, CROTTY & DENICOLO, P.A.

Account Number : 075350000514 : (727)442-1200 Phone Fax Number : (727)443-5829

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

Email Address:\_

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

SOUTHSIDE A, L.L.C.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

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KASIKET L 8102 / Z 120°

## ARTICLES OF AMENDMENT

Audit Fax# 1/190003144753

ARTICLES OF ORGANIZATION FILED

2019 OCT 23 P 13 m.1

SOUTHSIDE A, L.L.C.	in the second se	sy in the man	
(Name of the Limited Liability (A Florida	ty Company as it now appears on pur record Limited Liability Company)	POEE, FLORICA	
The Articles of Organization for this Limited Liability C Florida document number L19000251220	Company were filed on 10/17/2019	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limi	ited liability company here:		
TEXARKANA A, L.L.C.			
The new name must be distinguishable and contain the words "Limit	ited Liability Company," the designation "LLC"	or the abbreviation "L.J.,C."	
Enter new principal offices address, if applicable:		_	
(Principal office address MUST BE A STREET ADDR	(ESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or regist registered agent and/or the new registered office addr		, enter the name of the ne	
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
New Registered Agent's Signature, if changing Registered	City	zip Coae	
I hereby accept the appointment as registered agent a provisions of all statutes relative to the proper and conficent the obligations of my position as registered agent the obligations of my position as registered ageing filed to merely reflect a change in the registered company has been notified in writing of this change.	and agree to act in this capacity. I fur complete performance of my duties, and yent as provided for in Chapter 605, I	d I am familiar with and C.S. Or, if this document is	
	If Changing Registered Agent, Signature of	New Registered Agent	

10/23/2019 4:06PH FAX 20003/0004

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

Audit Fax# H19000314475 3

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
<del></del>			Add
			□ Remove
<del></del>			
			□ Remove
			☐ Change
			Remove
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		·	□ Remove
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Camending any other informs	lion, enter change(s) here	: (Allach additional she	els, if necessary.)	
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ffective date, if other than the an effective date is listed, the date mustote: If the date inserted in this bloodument's effective date on the Do	ack does not meet the applica	to date of filing or more than table statutory filing require	(optional) Odays after filing.) Pursuumt te ements, this date will not be	o 605.0207 (3)(b listed as the
e record specifies a delayed The 90th day after the rec	l effective date, but not ord is fli <b>e</b> d.	t an effective time, a	t 12:01 a.m. on the e	arlier of:
October 23	2019			

Page 3 of 3

Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00

ALAN S. GASSMAN, Auth. Rep.