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T. MATTHEWS NOV - 1 2021

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Sarasota Industrial LLC SUBJECT: 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: Sarah Zuniga Name of Person Sarasota Industrial LLC Firm/Company 3214 Hidden River Rd. Address Sarasota, FL 34240 City/State and Zip Code sarah7cls@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Sarah Zuniga 725-0444 Name of Person Daytime Telephone Number Enclosed is a check for the following amount: ■ \$25.00 Filing Fcc □ \$30.00 Filing Fec & ☐ \$55.00 Filing Fce & ☐ \$60.00 Filing Fee. Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy (additional copy is enclosed) Mailing Address: Street Address: Registration Section Registration Section Division of Corporations Division of Corporations P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

TO:

Registration Section
Division of Corporations

ARTICLES OF ORGANIZATION OF

Sarasota Industrial LLC

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(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 Compar	ny were filed on $\frac{10/14/201}{}$	9 and assigned
Florida document number L19000257365		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited list	ability company here:	
The new name must be distinguishable and contain the words "Limited Lia	ability Company," the designation	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	-	
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	e address on our records	, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida stree	et address
	City	, Florida Zip Code
New Registered Agent's Signature, if changing Registered Agen	<u>nt:</u>	

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

MGR = Manager AMBR = Authorized Member

MGR = M AMBR = A	lanager uthorized Member			
<u>Title</u>	Name	<u>Address</u>		Type of Action
AMBR	Sarah Zuniga Tellez	3214 Hidden R	iver Rd. Sarasota, FL 34240	□ Add
				Remove
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				□Remove
				□Change
				□Add
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Effective date, if other than the date of filing:	(optional)
If an effective date is listed, the date must be specific and cannot be prior	r to date of filing or more than 90 days after filing.) Pursuant to 605.0207
<u>Note:</u> If the date inserted in this block does not meet the applic document's effective date on the Department of State's records	cable statutory filing requirements, this date will not be listed as
2000 and a control was on the 20pm them of state 5 records	•
r record specifies a delayed effective date, but not an effective to	ime, at 12:01 a.m. on the earlier of: (b) The 90th day after the
rd is filed.	me, at 12.01 a.m. of the carrier of (b) The Southary after the
Dated October 11 2021	
1 1 1 2 2 2	
IN 30 Telles	/
member or anth	orized representative of a member

Typed or printed name of signee