## L19000271051

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C. GOLDEN FEB 1 1 2020

## **COVER LETTER**

TO:

	Registration Se Division of Cor			
end icc		e Pinellas Plaza LLC		
SUBJEC	1.	Name of Lim	ited Liability Company	
The enclo	osed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please ret	rum all correspo	ondence concerning this matter	to the following:	
		Dennis Rosen		
			Name of Person	
		Stretch Zone Pinellas Plaza	a LLC	
			Firm/Company	
		7940 SE 174th Ludlow Pla	ace	
			Address	<del></del>
		The Villages Florida		
		<del></del>	City/State and Zip Code	
		drosen427@comcast.net		
		E-mail address: (	to be used for future annual report not	ification)
For further	er information c	oncerning this matter, please c	all:	
Dennis R	osen		248 730-1048 at ( )	
	Name o	f Person		ne Telephone Number
Enclosed	is a check for th	ne following amount:		
<b>■ \$</b> 25.0	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
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	Mailing Addres Registration S		Street Address: Registration Se	ection
	Division of C		Division of Co	
	P.O. Box 632	<del>-</del>	The Centre of	
•	Tallahassee, l	FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303



January 25, 2020

**DENNIS ROSEN** 30 2000 SE 174TH LUDLOW PLACE THE VILLAGES, FL 32162

SUBJECT: STRETCH ZONE PINELLAS PLAZA LLC

Ref. Number: L19000271051

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

The name of the person signing the document must be typed or printed beneath or opposite the signature.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Claretha Golden Regulatory Specialist II

Letter Number: 220A00001819

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

. 17

Stretch Zone Pinellas Plaza LLC

2020 FED 10 PM 4: 52

(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 Company were filed on  $\frac{10-29-19}{1}$ and assigned Florida document number L19000271051 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Stretch Pinellas Plaza LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 7930 SE 174th Ludlow Place Enter new principal offices address, if applicable: The Villages, Florida 32162 (Principal office address MUST BE A STREET ADDRESS) 7930 SE 174th Ludlow Place Enter new mailing address, if applicable: The Villages, Florida 32162 (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address City

## 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 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>	Name	Address	Type of Action
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<del></del>	Signature of a member	er or authorized representa	tive of a member	
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	Dennis	d or printed name of signe	541	\

Filing Fee: \$25.00