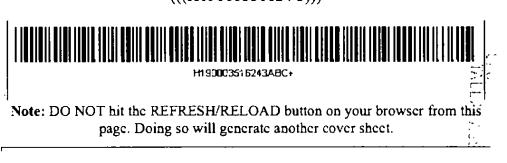


Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H19000351624 3)))



To:

Division of Corporations

Fax Number : (850) 617-6381

From:

Account Name : HILL WARD HENDERSON

Account Number : 072100000520 Phone : (813)221-3900 Fax Number : (813)200-5995

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

Email Address:____

FLORIDA LIMITED LIABILITY CO. Ally Tarpon, LLC

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e submitted for filing. Intter to the following: Name of Person Name of Person Firm/Cumpany Blvd., Ste 200 Address City/State and Zip Code ankillast.com ess: (to be used for future annual report notification) ase call:

ARTICLES OF AMENDMENT (((H19000351624 3))) TO ARTICLES OF ORGANIZATION OF

ALLY TARPON, LLC		
(Name of the Limited Liability (A Fiorida	ty Company as it now appears on our record a Limited Limbility Company)	<u>.</u>)
The Articles of Organization for this Limited Liability C. Florida document number L 19000279416	Company were filed on November 8, 201	9 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	tted liability company here:	
The new name must be distinguishable and contain the words "Lim.	ited Liability Company," the designation "LLC	or the abbreviation "L.E.C."
Enter new principal offices address, if applicable:	 -	
(Principal office address MUST BE A STREET ADDR	(E.S.S)	
		2019 DE
Enter new mailing address, if applicable:	·	
(Mailing address MAY BE A POST OFFICE BOX)		<u></u>
		
		===
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	i office address on our records, <u>enter (</u> 	the name of the new reulatered
Name of New Registered Apent:		
New Registered Office Address:	Enter Florida street address	
_	, Flo	rida
	••••	AMP CITAL

New Registered Agent's Signature, if changing Registered Acent:

. . . .

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

Title	Name	Address	Type of Action
MGR	ALLY WESTSHORE MANAGER	1311 N. WESTSHORE BLVD., STE 200	LI Add
		TAMPA, FLORIDA 33607	i≡ Remeve
			Change
MGR 	ANDREW WRIGHT, PA	1311 N. WESTSHORE BLVD., STE 200	= Add
		TAMPA, FLORIDA 33607	□Remove
			Change
			□ Add
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ective date, if other than t effective date is listed, the date is	he date of illing				(optional)	***
<u>e:</u> If the date inserted in this	block does not in	cut the applicabl	c statutory tili	nore man 90 day ng requiremen	is, this date wil	rsuant to 605,0. I not be listed
ument's effective date on the	Department of St	ate's records.				
cord specifies a delayed effec s filed.	tive date, but not a	in effective time	, at 12;01 a.m.	on the earlier	of: (b) The 90	kin day after ti
December 5		2019				
~ / - ;	1		· //			
	Signature of a m	ember okauthoriz	a la rese asserbe la la constante	member (C)		

Filing Fee: \$25.00 (((H19000351624 3)))