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COVER LETTER

TO:

TO: Registration S Division of Co			
	rasota Properties LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Steven LoParco		
		Name of Person	
	Greater Sarasota Properties	s LLC (DBA PMI Sarasota	
		Firm/Company	
	1990 Main Street Suite 750	0	
		Address	
	Sarasota, FL 34236		
		City/State and Zip Code	
	steve@pmisarasota.com		
For further information	E-mail address: (concerning this matter, please c	to be used for future annual rep- all:	or nonnearion)
Steve LoParco		203-2-	49-9389
Name	of Person	Area Code	Daytime Telephone Number
Enclosed is a check for	the following amount:		<u>ं</u>
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy radditional copy is enclose	☐ \$60.00 Filing Fee. Certificate of Status &
Mailing Addre		Street Addr Rogistratio	ess: on Section
Registration Division of 0	Section Corporations		of Corporations
P.O. Box 63	27	The Centr	e of Tallahassee
Tallahassee, FL 32314		2415 N. N	Ionroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Greater Sarasota Properties LLC		
(<u>Name of the Limited Liability Co</u> (A Florida Lim	ompany as it now appears on our records.) ited Liability Company)	
The Articles of Organization for this Limited Liability Comp	pany were filed on 11/12/19	and assigned
Florida document number L19000280162		
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 I	Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	<u> </u>	
		- T
Enter new mailing address, if applicable:	988 Blvd of the Arts Unit 616	- \ - \
(Mailing address MAY BE A POST OFFICE BOX)	Sarasota, FL 34236	
		<u> </u>
B. If amending the registered agent and/or registered off	ice address on our records, <u>enter the</u>	 '
agent and/or the new registered office address here:		29
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Floric	
	Cin	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 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
AMBR	Steven H. LoParco	988 Blvd of the Arts Unit 616	≡ Add
		Sarasota, FL 34236	□Remove
			Change
AMBR	Mary Jo LoParco	988 Blvd of the Arts Unit 616	□Add
		Sarasota, FL 34236	□Remove
			≡ Change
			□Add
			☐Remove
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			نب نب □Romove
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			□Add
			Remove
			□Change
			□Add
			□Remove
			(Change

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Filing Fee: \$25.00