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| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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| Division of Co | | | |
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| SUBJECT: 2905 Bays | shore, LLC | | |
| | | mited Liability Company | |
| The enclosed Articles of | f Amendment and fee(s) are su | bmitted for filing. | |
| | ondence concerning this matte | - | |
| | Joseph C. Bishara, Esq. | | |
| | | Name of Person | |
| | Roth, Blair, Roberts, Stra | sfeld & Lodge | |
| | | Firm/Company | |
| | 100 East Federal St., Suite | : 600 | |
| | | Address | |
| | Youngstown, OH 44503 | | |
| | | City/State and Zip Code | |
| | jbishara@rothblair.com | to be used for future annual report notifi | |
| For further information c | oncerning this matter, please c | | cation) |
| Joseph C. Bishara, Esq. | | 330 744-5211 | |
| Name of | f Person | at () Area Code Daytime | Telephone Number |
| Enclosed is a check for th | ne following amount: | | |
| ■ \$25.00 Filing Fee | □ \$30.00 Filing Fee & Certificate of Status | S55.00 Filing Fee & Certified Copy (additional copy is enclosed) | ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| Mailing Address Registration S | | Street Address: Registration Sect | ion |

Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| 2905 Bayshore, LLC | | | |
|--|-------------------------------|--|--|
| (Name of the Limi | ed Liability Comp | any as it now appears on our records.) Liability Company) | ا المالية الما المالية المالية المالي |
| The Articles of Organization for this Limited L Florida document number L20000008209 This amendment is submitted to amend the following the control of the c | iability Company | | and assigned |
| A. If amending name, enter the new name of N/A The new name must be distinguishable and contain the w | the limited liab | | abbraviation *(L C ** |
| Enter new principal offices address, if applicable: | | 5143 West San Jose St. | abbleviation filting. |
| (Principal office address MUST BE A STREE | | Tampa, FL 33629 | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE I | <u>80X)</u> | 5143 West San Jose St. Tampa, FL 33629 | |
| B. If amending the registered agent and/or reagent and/or the new registered office address | egistered office a s here: | uddress on our records, enter the na | me of the new registered |
| Name of New Registered Agent: | Mary T. Pipino | | |
| New Registered Office Address: | 5143 West San | Jose St. | |
| | | Enter Florida street address | |
| | Tampa | , Florida 🗿 | 3629 |
| | | City | Zin 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 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

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|----------------|--------------------|----------------------------|-----------------|
| Mgr | Mary T. Pipino | 5143 West San Jose St. | _ |
| | | Tampa, FL 33629 | |
| Mgr. | Edward W. M | | □Change |
| | Edward W. Muransky | 7629 Market St., Suite 200 | |
| | | Youngstown, OH 44512 | ≘ Remove |
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| | re date, if other than the date of filing: |
| record | |
| | |
| | July 29 . 2020. |
| | Signature of a member or authorized representative of a member |

Filing Fee: \$25.00