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Certified Copies	_ Certificates	of Status
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COVER LETTER

Tallahassee, FL 32314

	Registration Se Division of Co				
ALD 15.6		B 9100 SEMINOLE BLVD, LI	.C		
SUBJEC	:T: <u></u>	Name of Lin	ited Liability Company		
The enck	osed Articles of	Amendment and fee(s) are sub	mitted for filing.		
		ondence concerning this matter	-		
		DENNIS R. DELOACH, J	R.		
			Name of Person		
	DELOACH, HOFSTRA & CAVONIS, P.A.				
Firm/Company				릞	
	8640 SEMINOLE BOULEVARD		관합 20 년		
		·	Address		
		SEMINOLE, FL 33772			- F CO
		stouchton@dhclaw.com	City/State and Zip Code		OF CORPORATIONS 1-1 PM 3: 38
For furth	er information c	E-mail address: (concerning this matter, please c	to be used for future annual repor	t notification)	ශ ට ස ප
				••	
————		OR Sharon Touchton	727 397-557 at ()		
	Name c	of Person	Area Code Di	rytime Telephone Number	
Enclosed	is a check for the	he following amount:			
□ \$25.0	00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	e of Status &
Mailing Address: Registration Section Division of Corporations			Section Corporations		
P.O. Box 6327		The Centre	of Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

		6 58
	00 SEMINOLE BLVD, LLC	
(<u>Name of the Limited Liabil</u> (A Florid	ity Company as it now appears on our records.) la Limited Liability Company)	
The Articles of Organization for this Limited Liability Organization for this Liabilit	Company were filed onJanuary 9, 2020	and assigned
A. If amending name, <u>enter the new name of the lim</u> EJB 9000/9100 SEMINOLE		
The new name must be distinguishable and contain the words "Lin		
(Principal office address MUST BE A STREET ADDI Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	RESS)	
B. If amending the registered agent and/or registere agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	d office address on our records, enter the na	ame of the new registered
	, Florida	
	City	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>	<u>Name</u>	Address	Type of Action
MGR	DENNIS R. DELOACH, JR.	8640 SEMINOLE BOULEVARD	
		SEMINOLE, FL 33772	ElRemove
			■Change
MGR PAUL R. CAVONIS	PAULR, CAVONIS	8640 SEMINOLE BOULEVARD	□Add
		SEMINOLE, FL 33772	□ Remove
			□Add
			□Remove
		□Change	
		□Add	
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□ Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. 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 to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3 Mb) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed. May 27 2020 Dated ___ Signature of a member antiporized representative of a member DENNIS R. DELOACH, JR. Typed or printed name of signee