LADOO0000030326

| (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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Office Use Only



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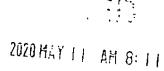
236 East 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

| | PICK | UP: | 05/11/2020 | | |
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| | CERTIFIED COPY | | | | |
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| ж | FILING | AMENDN | MENT | | |
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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



| (Name of the Limited Liability Cor | npany as it now appears on our records.) | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|------------------------|--|
| (A Florida Limit | ed Liability Company) | | |
| The Articles of Organization for this Limited Liability Compa | apy were filed on January 13, 2020 | and assigned | |
| 1 20000020326 | my were med on | and assigned | |
| lorida document number L20000020326 | | | |
| his amendment is submitted to amend the following: | | | |
| a. If amending name, enter the new name of the limited li | iability company here: | | |
| <u> </u> | <u> </u> | | |
| he new name must be distinguishable and contain the words "Limited Li- | shility Company "the designation "I I (" or the | hhreviation "L. I. C." | |
| the terminate mass of distinguishable and contain the words. | ability company, the designation line of the | iobieviation B.B.C. | |
| Enter new principal offices address, if applicable: | | | |
| Principal office address MUST BE A STREET ADDRESS) | | | |
| | | | |
| | | | |
| Inter new mailing address, if applicable: | 200 Forest Lakes Blvd. | | |
| • • • • • • • • • • • • • • • • • • • • | Oldsmar, FL 34677 | | |
| Mailing address MAY BE A POST OFFICE BOX | | | |
| | | | |
| 3 - 16 1/ Ab | | | |
| 3. If amending the registered agent and/or registered offic gent and/or the new registered office address here: | ce address on our records, enter the nan | ne of the new regi | |
| Territorio de la companya del companya de la companya de la companya del companya de la companya | | | |
| N. CN. B | | | |
| Name of New Registered Agent: | | | |
| New Registered Office Address: | | | |
| | Enter Florida street address | | |
| | , Florida | | |
| | City | Zip Code | |
| | n+. | | |
| ew Registered Agent's Signature, if changing Registered Agen | <u>illi</u> | | |

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:

2020 HAY | | AR 8: | |

MGR = Manager
AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|-----------------|---------------------------------------------|----------------|
| MGR | JAMES M. GLOVER | 1715 West Cleveland Street, Tampa, FL 33606 | ≅Add |
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| If ame | 4920 [437] Affinding any other information, enter change(s) here: (Attach additional sheets, if necessary.) | O÷ |
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| ffective | e date, if other than the date of filing: (optional) | |
| <u>ote:</u> 11 | e date, if other than the date of filing: (optional) tive 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 60 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list's effective date on the Department of State's records. | 5.020 ited a |
| record s is filed | specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day aft. | er the |
| ated | ay 8 2020 | |
| a.cu | | |
| | | |
| | Signature of a member or authorized representative of a member | |

Filing Fee: \$25.00

Typed or printed name of signee