K20 0000 27289

| (Requestor's Name) |
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| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
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| (Business Entity Name) |
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| Special Instructions to Filing Officer: |
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TO:

Tallahassee, FL 32314

| TO: Registration S Division of Co | | | | |
|-----------------------------------|----------------------------------------------|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------|--|
| | aee Partners, LLC | | | |
| SUBJECT: | Name of Limited Liability Company | | | |
| The enclosed Articles of | Amendment and fee(s) are sub | omitted for filing. | | |
| | ondence concerning this matter | - | | |
| | Rick Miller | | | |
| | | Name of Person | | |
| | 920 Manatee Partners, LL | С | | |
| | | Firm/Company | | |
| | 12629 New Brittany Boule | evard, Building 16 | | |
| | | Address | | |
| | Fort Myers, Florida 33907 | | | |
| | | City/State and Zip Code | | |
| | dhenderson@national-deve | • | | |
| r C k i - C | | to be used for future annual report not | (fication) | |
| | concerning this matter, please c | | | |
| Debra Henderson | | 239 275-8029 at () | | |
| Name o | of Person | Area Code Daytim | ne Telephone Number | |
| Enclosed is a check for t | he following amount: | | | |
| ■ \$25.00 Filing Fee | ☐ \$30.00 Filing Fee & Certificate of Status | ☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed) | ☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed) | |
| Mailing Addre | | Street Address: | | |
| Registration Division of C | | Registration Se Division of Cor | | |
| P.O. Box 632 | | The Centre of T | | |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| 920 Manatee Partners, LLC | | |
|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|----------------------------------------------|
| (Name of the Limited Liability C (A Florida Li | Company as it now appears on our records.) mited Liability Company) | |
| The Articles of Organization for this Limited Liability Com- Florida document number <u>L20000027289</u> | npany were filed on January 21, 2020 | and assigned |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited | d liability company here: | |
| he new name must be distinguishable and contain the words "Limited | H.liability Company," the designation "ELC" or the | ne abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | <u>. </u> |
| Principal office address MUST BE A STREET ADDRES | <u> </u> | |
| | | 202 74 74 |
| | | EX SE TO |
| nter new mailing address, if applicable: | | 27 70 |
| Mailing address MAY BE A POST OFFICE BOX) | | SSC - 03- |
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| | - | |
| 3. If amending the registered agent and/or registered ogent and/or the new registered office address here: | ffice address on our records, enter the r | name of the new registe |
| - | | |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| | Enter Florida street address | |
| | 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> | <u>Address</u> | Type of Action |
|--------------|-----------------|------------------------------------------------|----------------|
| MGR | John D. Raymond | 1332 West Gray Street. Unit 8, Tampa, FL 33606 | = Add |
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| ffective | e date, if other than the date of filing: | (optional) |
| an effecti lote: If | ctive date is listed, the date must be specific and cannot be prior to date of filing of the date inserted in this block does not meet the applicable statutory fint's effective date on the Department of State's records. | or more than 90 days after filing.) Pursuant to 605,0207 (|
| record s l is filed | specifies a delayed effective date, but not an effective time, at 12:01 a.d. | m, on the earlier of: (b) The 90th day after the |
| Ju: ated | une 25 2021 | |
| - | Within I Handrein | |
| | | |
| | Signature of a member or authorized representa | tive of a member |

Filing Fee: \$25.00