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(((H20000040780 3)))



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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : GASSMAN, CROTTY & DENICOLO, P.A.

Account Number : 075350000514 : (727)442-1200 Fax Number : (727)443-5829

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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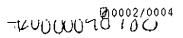
LLC AMND/RESTATE/CORRECT OR M/MG RESIGNED BLACK TIP COVE COTTAGE, L.L.C. BLACK TIP COVE COTTAGE, L.L.C.

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Black Tip Cove Cottage, L.L.C.		·		
(Name of the Limited Liability ((A Plorida Li	Company as it now appears on our reimited Liability Company)	cords.)		
The Articles of Organization for this Limited Liability Con Florida document number L20000032313	npany were filed on $\frac{02/03/2020}{}$.	and assigned		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limite	d liability company here:			
The new name must be distinguishable and contain the words "Limited Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRE)		"LLC" or the abbreviation "L.L.C."		
Enter new mailing address, if applicable:	<u> </u>			
(Mailing address MAY BE A POST OFFICE BOX)		20 AI		
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	office uddress on our records, <u>c</u>	nter the name of the new-registered		
Name of New Registered Agent:		FLOSIC		
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.

-11.0003/0004 J

If amending or removed	Authorized Person(s) authorized to m from our records:	nanuge, enter the title, name, and address	of cach person being added	
MGR = Manager AMBR = Authorized Member				
<u>Title</u>	<u>Name</u>	Address	Type of Action	
MGR	GARRETT INGALLS	1245 COURT STREET	Add	
		CLEARWATER, FL 33756	□Remove	
			Change	
				
			□Remove	
			Change	
			□Add	
			Remove	
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Note:	five date, if other than the date of filing: (optional) ffective 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 605.020. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed at nent's effective date on the Department of State's records.
reco d is f	ord 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 filed.
Dated	FEBRUARY 5 2020
	Signature of a member or authorized representative of a member

Filing Ree: \$25.00