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| (Re                     | questor's Name)    |           |
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| PICK-UP                 | ☐ WAIT             | MAIL      |
|                         |                    |           |
| (Bu                     | siness Entity Nam  | ne)       |
|                         |                    |           |
| (Do                     | cument Number)     |           |
|                         |                    |           |
| Certified Copies        | Certificates       | of Status |
|                         | -                  |           |
|                         |                    |           |
| Special Instructions to | Filing Officer:    |           |
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## **COVER LETTER**

| SUBJECT: 27:                      | 35 5TH AVE                                   | N LLC   |  |                       |
|-----------------------------------|--|---|--|-----------------------|
| SUBJECT: <u>27</u> ;              | Name of Limit                                | ted Liability Company   |  |                       |
|                                   |  |   |  |                       |
| The enclosed Articles of Am       | endment and fee(s) are subr                  | nitted for filing,  |  |                       |
| Please return all corresponde     | nce concerning this matter t                 | to the following:   |  |                       |
|                                   | Christoph                                    | ner D. Feather  | ston   |                       |
|                                   |  | Name of Person  |  |                       |
|                                   | <b>Æ</b>                                     |   |  |                       |
|                                   |  | Firm/Company  |  |                       |
|                                   | 1015 9th                                     | A-WP N.   |  |                       |
|                                   |  | AVE N. Address  |  |                       |
|                                   | St. Peter                                    | Slarg FL 37 City/State and Zip Code                                 | 3701   |                       |
|                                   | Claric Qla                                   | City/State and Zip Code   | 0000   | :0                    |
| -                                 | E-mail address: (1)                          | arkettrealty.   | cation)  | 20:77 16 88 8:57      |
| For further information conc      |  |   |  | ·                     |
|                                   |  |   |  |                       |
| Christopher D                     | . Feathersto                                 | n at ( <u>727)</u> <u>252 -</u><br>Area Code Daytime                | 9374   | = = ± ·               |
| Name of Per                       | rson   | Area Code Daytime   | Telephone Number   | Ω <del>[</del><br>Ω . |
|                                   |  |   |  | <b>~</b>              |
| Enclosed is a check for the fo    | ollowing amount:                             |   |  |                       |
| ★ \$25.00 Filing Fee              | □ \$30.00 Filing Fee & Certificate of Status | ☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed) | S60.00 Filing Fee,<br>Certificate of Stat<br>Certified Copy<br>(additional copy is en- | tus &                 |
| Mailing Address: Registration Sec | tion .                                       | Street Address:<br>Registration Sec                                 | tion   |                       |

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section Division of Corporations

TO:

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

| 2735   | STH AVE  | N, LLC   | _                    | 20                 |
|--|--|--|----------------------|--------------------|
| (Name of the Limit   | ed Liability Company<br>(A Florida Limited Lia | у as it now япреять оп our r<br>ability Company) | ecords.)             | <del></del> •      |
| Name of the Limit  The Articles of Organization for this Limited L.  Florida document number   | iability Company w<br>44109<br>owing:          | vere filed on2/Lø,                               | 12020                | and assigned       |
| A. If amending name, enter the new name of   | the limited liabili                            | ty company here:                                 |                      |                    |
| The new name must be distinguishable and contain the w   | ords "Limited Liability                        | Company," the designation                        | "LLC" or the abbrevi | ation "L.L.C."     |
| Enter new principal offices address, if applic   | able:  |  | <del></del>          | <del></del>        |
| (Principal office address MUST BE A STREE  | T ADDRESS)                                     |  |                      |                    |
| Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE)              | <u>BOX)</u>                                    | 615 9th St<br>St. Peters                         | reet N<br>burg, Fi   | _ 33701            |
| B. If amending the registered agent and/or reagent and/or the new registered office address    | _  | dress on our records, <u>e</u>                   | nter the name of     | the new registered |
| Name of New Registered Agent:  | Christop                                       | her D. Feo                                       | therston             | 1                  |
| New Registered Office Address:   | 615 9+h  | AVE N  Enter Florida street a                    | ddress               |                    |
|  | St. Pet  | ers burg   | , Florida <u>33</u>  | 70  <br>ip Code    |
| New Registered Agent's Signature, if changing R  |  |  |                      |                    |
| I hereby accept the appointment as registered provisions of all statutes relative to the prope |  |  |                      |                    |

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.

Chaistophea Featheaston

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          | Pascal J. Artise | 2735 5th Ave N           | □Add  |
|              |                  | St. Petersburg, FL 33714 | E Remove  |
|              |                  | <del></del>              | □Change   |
| MGR          | NO NAME HOLDINGS | s, 615 9th Street N      | X\(\overline{ |
|              |                  | St. Petersburg, FL 3370  | □Remove   |
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| n effective<br><u>(fe:</u> If the | date is listed, the date | e must be specific a<br>nis block does not | nd cannot be prior to meet the application | Th 13, 20<br>to date of filing or mor<br>able statutory filing | e than 90 days after | filing.) Pursuant to 60 | 5.0207<br>ted as |
|                                   |                          |  |  |  |                      |                         |                  |
| ecord species filed.              |                          |  |  | ne, at 12:01 a.m. or   |                      |                         | er the           |
| ecord specis filed.               |                          |  |  |  |                      |                         | er the           |
| ecord specis filed.               |                          |  |  | ne, at 12:01 a.m. or   |                      |                         | er the           |

Filing Fee: \$25.00