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To:

Division of Corporations

Fax Number : (850)617-6383

From:

က  $\simeq$  Account Name : MCFARLAND, GOULD, LYONS, SULLIVAN & HOGAN, P.A.

Account Number : I19990000015 : (727)461-1111 Fax Number : (727)461-6430

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

Email Address:\_

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN 2410 INDIAN AVE, LLC

| Certificate of Status | 0       |
|-----------------------|---------|
| Certified Copy        | 0       |
| Page Count            | 03      |
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JUN - 3 2022

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| 2410 Indian Ave, LLC   |  |                 |            |                |          |
|--|--|-----------------|------------|----------------|----------|
| (Name of the Limited Liability Contr<br>(A Florida Limite                | nany as it now appears on pu<br>d Liability Company) | records.)       |            |                |          |
| The Articles of Organization for this Limited Liability Compan           | y were filed on                                      | )               | an         | ıd assigr      | ned      |
| Florida document number 1.20000114492                                    |  |                 |            |                |          |
| This amendment is submitted to amend the following:                      |  |                 |            |                |          |
| A. If amending name, <u>enter the new name of the limited li</u> e       | bility company here:                                 |                 |            |                |          |
| The new name roust be distinguishable and contain the words "Limited Lia | bility Company," the designation                     | ns "LLC" or the | ebbreviati | on "L.L.C      | <u> </u> |
| Enter new principal offices address, if applicable:                      |  |                 |            |                |          |
| (Principal office address MUST BE A STREET ADDRESS)                      |  |                 |            |                |          |
|  |  | <u> </u>        |            |                |          |
| Enter new mailing address, if applicable:                                |  |                 |            |                |          |
| Mailing address MAY BE A POST OFFICE BOX                                 |  |                 |            |                |          |
|  |  |                 |            |                |          |
| B. If amending the registered agent and/or registered office             | e address on our records                             | enter the na    | me of th   | e new r        | egist    |
| agent and/or the new registered office address here:                     |  |                 |            |                | ~~~      |
|  |  |                 | <u>:</u> . | 202;           |          |
| Name of New Registered Agent:  |  |                 |            | - Z - U.H      |          |
| New Registered Office Address:   | D. Flat  | 4 - Jahrens     |            | - <del>2</del> | <u>-</u> |
|  | Enter Florida stres                                  | i daaress       |            | ω<br>70        |          |
|  | Ciry   | , Florids _     | - ZIp      | -y-<br>Code    |          |
| New Registered Agent's Signature, if changing Registered Agen            |  |                 | • : •      | . 0            |          |

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.

06/03/2022 12:33 McFarland, Gould, Etal

## 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          | PADGITT, CAROL M | 7537 HATTERAS DRIVE |                |
|              |                  | HUDSON, FL 34677    | ■Remove        |
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|              |                  |                     | □Add           |
|              |                  | □ Петоче            |                |
|              |                  |                     | Change         |
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|              |                  |                     | □Remove        |
|              |                  |                     | Change         |
|              |                  |                     | □Add           |
|              |                  |                     | □ Remove       |
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|              |                  |                     | CAdd           |
|              |                  |                     | □Remove        |
|              |                  |                     | Change         |

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| ffectiv               | 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 605.0207   |
| en effect<br>lote: If | 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 605.0207 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as  |
|                       | n's effective date on the Department of State's records.   |
|                       |  |
| 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   |
| ı is med              | L Control of the Cont |
|                       | 6/. /2- 2022   |
| 91ECT                 |  |
|                       | William A. Pall  |
|                       | William A. Pallis Signature and member or anthorized representative of a member  |
|                       |  |
|                       | WILLIAM A. PADGITT, Manager  |