## L20 000178774

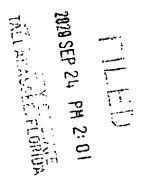
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## COVER LETTER

FO: Registration Section Division of Corporations		
SUBJECT: 50 GULF PLVE	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
	Limited Liability Company	
The enclosed Articles of Amendment and fee(s) are	submitted for filing.	
Please return all correspondence concerning this ma	tter to the following:	
_ PEBECC	A PYAN Name of Person	
	Name of Person	
	Firm/Company	
2U FOR1	MOSA NIE	, <b>.</b> ,
	Address P	, ,
TAMPA	MOSA NE Address  FL 331000 City/State and Zip Code Vane (2401/0M)	
DEC LY Famail addite	Vane (and ) / OM ss: (to be used for future annual report notification)	•
For further information concerning this matter, please		
PERECCA TEVAN Name of Person	at (813) 339 3809 Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:		
\$25.00 Filing Fee \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee,  Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Address:	Street Address:	
Registration Section Division of Corporations	Registration Section Division of Corporations	
•	I.	

P.O. Box 6327 Tallahassee, FL 32314 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

50 GULF BLVD, LLC

( <u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our Liability Company)	<u>· records.</u> )
The Articles of Organization for this Limited Liability Company Florida document number <u>L2-0000179774</u>	were filed on. JUNE	25,2020 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	ility company here:	
18400 GULF BLVD. LL		
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designatio	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		787
		SE
		22
Enter new mailing address, if applicable:		P 17.
Mailing address MAY BE A POST OFFICE BOX)		7
		<u> </u>
		>
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	iddress on our records,	enter the name of the new registered
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, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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