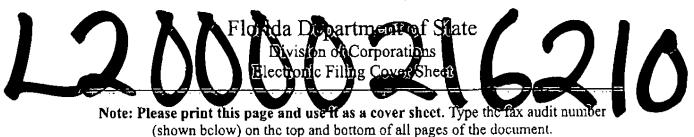
Division of Corporations



(((H21000021215 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

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

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

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 MULLBAY, L.L.C.

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JAN 19 2021

M. SOLOWON

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GASSMAN, CROTTY&DENICOLO

H2100002/0004

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MULLBAY, L.L.C.				
(Name of the Limited Liability Compa (A Florida Limited	iny as it now appears on our records.) Liability Company)			
The Articles of Organization for this Limited Liability Company Florida document number L20000216210	were filed on <u>7/22/2020</u>	and assign	ned	
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	oility company bere:			
	W. Community designation of LC or the	hbrevistion 'T. I. (-
The new name must be distinguishable and contain the words "Limited Liabi		MOICAINMON 12:12:14	••	
Enter new principal offices address, if applicable:	3047 BLOOMSBURY DRIVE	371		
(Principal office address MUST BE A STREET ADDRESS)	KISSIMMEE FL 34747		2	-
		<u> </u>	JA.	
		ار در این از این از از این از		
Enter new mailing address, if applicable:	3047 BLOOMSBURY DRIVE	110 110		ŗ
	KISSIMMEE FL 34747	်ပာ	<u> </u>	į.
(Mailing address MAY BE A POST OFFICE BOX)		227	ု :: - ယ	
			<u>C)</u>	•
B. If umending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the na</u>	me of the new I	<u>registê</u>	red:
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 heing 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 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:

H21000621215

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
MGR	Gabriella N. Ford Nevarcz	3047 BLOOMSBURY DRIVE	= Add
		KISSIMMEE FL 34747	□Remove
			□Change
AR	alan S. Gassman, esq.	1245 COURT STREET	□ Add
		CLEARWATER, FLORIDA 33756	■Remove
			Change
			□Add
			Remove A
			Dichingeun
			AM 9: 33
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(If an e Note	ctive date, if other than the date of filing:	0207 (3)(d as the	(b)
If the record is	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 filed.	the	
	d January 15th 2021		

Filing Fee: \$25.00

Typed or printed name of signec