Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H20000355168 3)))



H200003551683ABC/

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

Fax Number

Email Address:

: (850)617-6383

From:

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

Account Number : 075350000514 Phone : (727)442-1200

\*\*Enter the email address for this business entity to be used for future

: (727)443-5829

annual report mailings. Enter only one email address please.

-	1	
 ب ز		-
_	ï	7
ŗ	_	)

POTERANT PAY SE

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN NORTH BEACH APARTMENTS, LLC

Ccrtificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

OCT 14 2020

## ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION OF

H20000339266

NORTH BEACH APARTMENT	rs, llc		•		
(Name of the Lin	(A Florida Limited	nany as it now appears Liability Company)	on our records.)		
The Articles of Organization for this Limited	Liability Company	were filed on	9/03/2	loan and an	oimad
Florida document number <u>L2000027</u>	<u>6260</u> .			<u>cos (o</u> and as	signed
This amendment is submitted to amend the fo	ollowing:	, ži			
A. If amending name, enter the new name	of the limited lial	pility company here	:		
The new name must be distinguishable and contain the					
Enter new principal offices address, if app		419 EAST SHORI		r the abbreviation "[	L.C."
			<del>_</del>		
(Principal office address MUST BE A STRE	ELADDRESS)	CLEARWATER,	PL 33/6/		
		<del></del>			
Enter new mailing address, if applicable:		419 EAST SIFORE DRIVE			
(Mailing address MAY BE A POST OFFIC	E.BOX)	CLEARWATER, I	FI. 33767		<del></del>
		r.	<del>-</del>	7020 SF)	
				0CT	
B. If amending the registered agent and/or agent and/or agent and/or the new registered office address	registered office :	ddrees on our mann		ω, ω	
agent and/or the new registered office addre	ss here:	radices on our reco	rus, <u>enter ine</u>	name of the nev	registered
Name of New Registered Agent:	PAUL A. GIOY	NIS, ESQ.		3: 16	
, — — — — — — — — — — — — — — — — — — —		REET, STE C			
		Enter Florida	street address	•	
	DUNEDIN	••	Florid	ia 34698	
		City	, FIOTIC	Zip Code	
lew Registered Agent's Signature, if changing	Registered Agent:				

I hereby accept the appointment as registered agent and agree to act in this sapacity. 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, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

H20060337266

Title	Name	Address	Type of Action
MGR	1981 MANAGEMENT, LLC	419 EAST SHORE DRIVE	
	<u></u>	CLEARWATER, FL 33767	_
<del>-</del>			•
			<del></del>
			DRemave
			Change
			CRemove
			Change
<del></del>			
			□Remove
			Change
			□Add
· <u></u>	<del></del>		□Add
			∏(`hange

						<del></del>
		<del></del>				
						·
				· · · · · · · · · · · · · · · · · · ·		
				· · · · · · · · · · · · · · · · · · ·	<del></del>	
					<del>-</del>	
	<u> </u>					
					<del></del>	<del></del>
			<del></del>			
	<del></del> \					
		<del></del>	—			
					<del></del>	<del></del>
	<del></del>					
<del></del>		<u></u>				
Hote: It the di	e, if other than t ate is listed, the date ate inserted in this ffective date on the	i block does not m	icet the applicable	c statutory filing r	equirements, this d	al) ing.) Pursuunt to 605.0207 ate will not be listed as
e record speci d is filed.	fies a delayed effe	ctive date, but not	t an effective time	e, at 12:01 a.m. or	the carlier of; (b)	The 90th day after the
Dated Sept	tenter	28,	2020			
			7/			

Filing Fee: \$25.00

Typed or printed name of signee