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Electronic Filing Cover Sheet

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H200003551483ABC

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	Division of Co	prporations	
	Fax Number	: (850)617-6383	2020 SEX FALL
From:			- : : : : : : : : : : : : : : : : : : :
	Account Name	: GASSMAN, CROTTY & DENICOLO, P.A.	14 4
	Account Number	~ : 075350000514	
	Phone	; (727)442-1200	$\frac{9}{2}$ ω
	Fax Number	: (727)443-5829	
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'Enter	the email addre	ss for this business entity to be used fo	n future! 🗥
ann	wal report mail	ings. Enter only one email address please	**
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN POINSETTIA COTTAGES, LLC

Certificate of Status	0
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Page Count	05
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION OF

H2000033729

POINSETTIA COTTAGES, LLC					
(Name of the Lim	ited Liability Comp (A Florida Limited	nany as it now appears on c Liability Company)	our records.)		
The Articles of Organization for this Limited Liability Company were filed on 09/04/2020 and assigned Florida document number L20000276310					
This amendment is submitted to amend the fo	llowing:				
A. If amending name, enter the new name of	_	bility company here:			
The new name must be distinguishable and contain the	words "Limited Liab	ility Company," the designa	tion "LLC" or the abl	previation "L.L.C	TP
Enter new principal offices address, if appl	419 EAST SHORE DRIVE				
(Principal office address MUST BE A STREET ADDRESS)		CLEARWATER, FL	33767		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		419 EAST SHORE D	RIVE		
		CLEARWATER, FL	33767	4 5.3	
			;	020 OCT	 -71
B. If amending the registered agent and/or r	egistored office s	address on our records	s, enter the name	် တြင်း of the now re	ristariad
agent and/or the new registered office addres	s here:				
Name of New Registered Agent:	PAUL A. GIO	NIS, ESQ.		15 P	
New Registered Office Address:	1299 MAIN ST	TREET, STE C			
		Enter Florida str	tel address		
	DUNEDIN		, Florida 3469	98	
New Pagistared County St.		City		Zip Code	

egistered 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, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member H20000 337291

Title	Name	Address	Type of Action
MGR	1981 MANAGEMENT, LLC	419 EAST SHORE DRIVE	
		CLFARWATER, FL 33767	
			= Change
· 			□Add
			□Rcmove
		<u> </u>	□Change
		_	
			□Remove
		- 	□Add
			DAdd
		. -	□Change
			
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Effect	ive date, if other than the date of filing:
lf ងា ef Note:	ive date, if other than the date of filing: (optional) fective 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 (3) If the date inserted in this block does not more than applicable account.
	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the nent's effective date on the Department of State's records.
e reco	rd 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 iled.
ira is ti	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the carlier of: (b) The 90th day after the iled. September 28, 2020
ira is ti	nica.
ira is ti	nica.

Filing Fee: \$25.00