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Account Name : GASSMAN, CROTTY & DENICOLO, P.A. Account Number : 075350000514 Phone : (727)442-1200 Fax Number : (727)443-5829 **Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. Email Address:			Division of Corporations Fax Number : (850)617-6383		
က္က ျပည့် annual report mailings. Enter only one email address please.** မ		From:	Account Number : 075350000514 Phone : (727)442-1200	ASSESSED THAT	
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ANN'S EAST SHORE PROPERTIES, LLC

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October 2, 2020

FLORIDA DEPARTMENT OF STATE

ANN'S EAST SHORE PROPERTIES, LLC Division of Corporations 419 EAST SHORE DRIVE CLEARWATER, FL 33767

Re: Document Number L20000289976

The Articles of Amendment to the Articles of Organization for ANN'S EAST SHORE PROPERTIES, LLC, a Florida limited liability company, were filed on September 30, 2020.

This document was electronically received and filed under FAX audit number H20000340623.

Should you have any questions regarding this matter, please telephone (850) 245-6051, the Registration Section.

Rebekah White Regulatory Specialist II Supervisor Division of Corporations Letter Number: 120A00019073

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

1-120000340623

ANN.'S_EAST_SHORE	PROPERTIES,	LTC	
(Isame of the Limi	(A Florida Limited	any as it now appears on o Liability Company)	ur records.)
The Articles of Organization for this Limited L Florida document number 2000 286		were filed on OY/	15/2020 and assigned
This amendment is submitted to amend the fo	llowing:		
A. If amending name, enter the new name of	of the limited liab	pility company here:	
The new name must be distinguishable and contain the	vords "Limited Liab	ility Company," the designat	tion "LLC" or the abbreviation "L.T., C."
Enter new principal offices address, if appl	icable:	419 EAST SHORE D	RIVE
(Principal office address MUST BE A STREE		CLEARWATER, FL	33767
Enter new mailing address, if applicable:		419 EAST SHORE D	RIVE
(Mailing address MAY BE A POST OFFICE	E BOX)	CLEARWATER, FL	33767
			12.23.25.25.25.25.25.25.25.25.25.25.25.25.25.
B. If amending the registered agent and/or agent and/or the new registered office address	registered office :	address on our record	s, enter the name of the new registered
Name of New Registered Agent:	PAULA, GIO	NIS, ESQ.	φ φ φ φ φ φ φ φ φ φ φ φ φ φ φ φ φ φ φ
New Registered Office Address:	1299 MAIN S	TREET, STE C	
		Enter Florida ştr	zet address
	DUNEDIN		, Florida 34698
,		City	Zip Cnde
New Degistered Agent's Signature if abunding	Dagiotanad Amant		

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.

Hammaunias

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records: H20000340B23

MGR = Manager

AMBR = Authorized Member

Title	Name	Address	Type of Action
MGR	1981 MANAGEMENT, LLC	419 EAST SHORE DRIVE	
		CLEARWATER, FL 33767	
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Nectio	ve date, if other than the date of filing:
iote:	cetive 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 if the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ent's effective date on the Department of State's records.
o cann	one 3 chective date on the Department of State's records.
record	I 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
and	September 30, 2020
u_	the state of the s
	Signature of a member or authorized representative of a member
	ALAN S: GASSMAN, Authorized Representative
	Typed or printed name of signee

Filing Fee: \$25.00