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To:

Division of Corporations

Fax Number : (850)617-6383

From:

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

Account Number : 075350000514

Phone : (727)442-1200

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#### LLC AMND/RESTATE/CORRECT OR M/MG RESIGN EAST SHORE CORPORATE PROPERTY, LLC

Certificate of Status	0
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Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

OCT 1 3 2020

850-617-6381 10/2/2020 1:08:19 PM PAGE 1/001 Fax Server



October 2, 2020

#### FLORIDA DEPARTMENT OF STATE

EAST SHORE CORPORATE PROPERTY, LLC 419 EAST SHORE DRIVE CLEARWATER, FL 33767

Re: Document Number L20000290011

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

This document was electronically received and filed under FAX audit number H20000340630.

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: 120A00019061

## 1-120000340630 TO

### ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION OF

EAST SHORE CORPOR	ATE PROPERTY	Y, LLC	
(Chamber of the Entitle	(A Fiorida Limited	uny as it now appears on our rec Liability Company)	ords.)
The Articles of Organization for this Limited Lie Florida document number <u>L20000</u>		were filed on $09/1$	5/2-020 and assigned
This amendment is submitted to amend the foll	owing:		
A. If amending name, enter the new name of	the limited liab	ility company here:	•
The new name must be distinguishable and contain the we	ords "Limited Liabi	lity Company," the designation "L	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applic		419 EAST SHORE DRIVE	
(Principal office address MUST BE A STREET ADDRESS)		CLEARWATER, FL 3376	7
		410 FACT GUODE DOUG	
Enter new mailing address, if applicable:		419 EAST SHORE DRIVE	
(Mailing address MAY BE A POST OFFICE BOX)		CLEARWATER, FL 33767	
R. If amending the registered agent and/or m	gietanod office	addusos on our urranda ark	1
B. If amending the registered agent and/or reagent and/or the new registered office address	here:	audress on our records, <u>ent</u>	er the name of the new registered
Name of New Registered Agent:	РАИЛ. A. GIO	NIS, ESQ.	
New Registered Office Address:	1299 MAIN ST	TREET, STE C	
		Enter Florida street add	dress
	DUNEDIN		Florida <sup>34698</sup>
N. B. L.		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 statules 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

Title	Name	Address	Type of Action
MGR	1981 MANAGEMENT, LLC	419 EAST SHORE DRIVE	
		CI.EARWATER, FI. 33767	
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
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(If an effective date, if other than the date of filing:  (If an effective 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 605.02 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed document's effective date on the Department of State's records.	207 (3)(t as the
the record 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	ıe
Dated_September 30, 2020	
Supanus of a mouth of a state of a mouth of a state of a mouth of a state of	
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