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.

Electronic Filing Cover Sheet

(((H200003844203)))



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 : (850)617-6383 From: Account Name : C T CORPORATION SYSTEM Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (954)203-0845 **Enter the email address for this business entity to be used for futuremembers annual report mailings. Enter only one email address please. **

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN 275 VELEROS LLC

Certificate of Status	0 .
Certified Copy	1
Page Count	04
Estimated Charge	\$55.00

Electronic Filing Menu Corporate Filing Menu

Help

Y SULKER NOV 0 6 2020

2020-11-05 13:18:48 CST

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

275 VELEROS LLC		
(Name of the Limited Liability Com (A Florida Limited	nany as it now appears on our records.) I Liability Company)	
The Articles of Organization for this Limited Liability Compar	ny were filed on OCTOBER 22, 2020	and assigned
Torida document number L20000326580		
his amendment is submitted to amend the following:		
a. If amending name, enter the new name of the limited lis	bility company here:	
3500 MOORINGS LLC		
he new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation "LLC" or the	ne abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
		-1 . '2
		600
	e address on our records, enter the i	name of the new registe
	e address on our records, enter the	name of the new registe
gent and/or the new registered office address here:	e address on our records, <u>enter the</u> i	name of the new registe
	e address on our records, <u>enter the</u> i	name of the new registe
gent and/or the new registered office address here: Name of New Registered Agent:	e address on our records, <u>enter the </u>	name of the new registe
gent and/or the new registered office address here:	e address on our records, enter the i	name of the new registe
		name of the new registers

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 Changing Registered Agent, Signature of New Registered Agent

Page 4 of 5

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			☐Remove
			□Change
			\ \ \ \ _Add
			□Remove
			Change
			Remove
			□Change
			□Add
			□Remove
			□ Change
			□Add
			□ Add
			□ Change
			□ Add
			□Reniove
			□ Change

					
	_				
			·		
	· · <u>-</u> · · ·				
		· ·			
				·	
					
				 	
					<u>-</u> _
			 		
Mective date, if other than the date an effective date is listed, the date must be Note: If the date inserted in this block locument's effective date on the Department.	does not meet the app	olicable statuto	ng or more than 90 ry filing requiren	(optional) days after filing.) Pu nents, this date wi	irsuant to 605.0207 If not be listed as
record specifies a delayed effective dad is filed	te, but not an effectiv	e time, at 12:0	lam on the earl	lier of: (b) The 9	Oth day after the
NOVEMBER 5	2020	·			
	1				
Sig	nature of a member or a	uthorized repres	entative of a memb	кт	
GARY BLOCK, MANAGI					