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Division of Corporations

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From:

Account Name : MACFARLANE FERGUSON & MCMULLEN (CLEARWATER)

Account Number : 071005001001 : (727)441-8966 Phone : (727)442-8470 Fax Number

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

e, s. Tamono

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

ROGERS STREET 2025 LLC

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

## ROGERS STREET 2025 LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liab	ity Company)
The Articles of Organization for this Limited Liability Company we	re filed on October 22, 2020 and assigned
Florida document number <u>L20000326596</u>	
This amendment is submitted to amond the following:	
A. If amending name, enter the new name of the limited liability	company here:
The new name must be distinguishable and contain the words "Limited Liability C	ompany," the designation "LLC" or the 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)	ARTI JUL -9 PH
B. If amending the registered agent and/or registered office addagent and/or the new registered office address here:	ess on our records, enter the flame of the new roustered
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
_ <del></del>	City Zip Code
	City Zip Code
New Registered Agent's Signature. if changing Registered Agent:	
I hereby accept the appointment as registered agent and agree to provisions of all statutes relative to the proper and complete per accept the obligations of my position as registered agent as providing filed to merely reflect a change in the registered office additionally has been notified in writing of this change.	formance of my duties, and I am familiar with and ided for in Chapter 605, F.S. Or, If this document is
If Character	Registered Agent, Signature of New Registered Agent
ը Հասերու	Purfference Office of States of Washington Chaille

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 = Anthorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	David Rodriguez	5625 Forest Haven Circle	□Add
		Tampa, FL 3365	
			Change
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			□Remove
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. If amending any other info	rmation, enter change(s	i) here: (Attach add	itional sheets, if neces	sary.)
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Effective date, if other than t If an effective date is listed, the date i Note: If the date inserted in this	must be specific and cannot be	prior to date of filing or	. (options	ng.) Pursuant to 605.0207 (3
document's effective date on the	Department of State's rec	ords.	ng requirements, this th	ite will not be listed as tr
se record specifies a delayed effected is filed.	tive date, but not an effect	ive time, at 12:01 a.m.	on the earlier of: (b)	The 90th day after the
Dated Jone 30	<u>,                                    </u>	<u>.                                    </u>		
	Signature of a magnetic or			
	Signature of a magnitude or  ELVIS Typed or	)		

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