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Ta:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : MACFARLANE FERGUSON & MCMULLEN (CLEARWATER)

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

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

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN JASPER STREET 55 LLC

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JASPER ST	REET 55 I	LC	records.)	· · · · · · · · · · · · · · · · · · ·	
		es it now appears on our bility Company)			
The Articles of Organization for this Limited Li	ability Company w	vere filed on Uctobe	r 22, 2020	and ası	rigned
Florida document number 1,2000032662	2				
This amendment is submitted to amend the following	owing:				
A. If amending name, enter the new name of	the limited liabili	tý companý here:			
The new name must be distinguishable and contain the w	ords "Limited Liability	Company," the designation	n 'LLC" or the a	hdrevision "L.	L,C."
Enter new principal offices address, if applic	able:				***************************************
(Principal office address MUST BE A STREE	T ADDRESS)			· ·	
Enter new mailing address, if applicable: (Mailing address MAX BE A POST OFFICE BOX)		5625 Forest F		le	
B. If amending the registered agent and/or reagent and/or the new registered office address	rgistered office ad s here:	dress on our records,	enter the nan	ne of the ne	y registered
Name of New Registered Agent: New Registered Office Address:	David Rodriguez				<u> </u>
	5625 Forest Haven Circle				E0
		Enter Florida street	address	() () () () () () () () () ()	
	Tampa		Florida	3 3615	2
	City			Zip Cod	,
New Registered Avent's Signature, if changing R					
I hereby accept the appointment as registered provisions of all statutes relative to the prope accept the obligations of my position as regis	er and complete p stered agent as pr	erformance of MV aug	ies, ana 1 am 605, F.S. Or	jaminar will , if this docu	n anu ment is

being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability

If Changing Registered Agent, Signature of New Registered Agent

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	<u>Address</u>	Type of Action
MGR	Elvis Ramon	519 Island Way	
		Clearwater, FL 33767	ÄRemove
			DChange
MGR	Miguel R Lopez	3309 Ehrlich Road	DAdd
		Tampa, FL 33618	
			Change
			□Add
			□Remove
			☐ Change
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Filing Fee: \$25.00

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