

12/1/2020

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet
L2000357544

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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : NRAI SERVICES, LLC
Account Number : 120080000104
Phone : (302)674-4089
Fax Number : (302)674-5266

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

Email Address: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
1900 SOUTH OPERATOR LLC**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$55.00

816 17 5 0077

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2020 DEC -2 AM 7:10

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

1900 South Operator LLC

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

The Articles of Organization for this Limited Liability Company were filed on 11/19/2020 and assigned
Florida document number L20000357544

This amendment is submitted to amend 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 Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

7901 4th Street N
Suite 4739
St. Petersburg, FL 33702

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

7901 4th Street N
Suite 4739
St. Petersburg, FL 33702

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____
Enter Florida street address
_____, Florida _____
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 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

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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

12/01/2020 18:01:18

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Aaron Malitzky	7901 4th Street N	<input type="checkbox"/> Add
		Suite 4739	<input type="checkbox"/> Remove
		St. Petersburg, FL 33702	<input checked="" type="checkbox"/> Change
AMBR	Dov Hertz	7901 4th Street N	<input type="checkbox"/> Add
		Suite 4739	<input type="checkbox"/> Remove
		St. Petersburg, FL 33702	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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