L20000359603

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O SIMMONS MAR 15 2022

Advanced Incorporating Service

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Phone: 850-222-CORP Fax: 850-575-2724 Email: wlopez@aisincfl.com Website: www.aisincfl.com

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DATE 3/14/22 TIME
Notes:

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

2022 KAR 14 AH 7: 29

15400 Gulf Blvd, LLC		SEL 197	•
(<u>Name of the Limited Liability</u> (A Florida	y Company as it now appears (Limited Liability Company)	on our records.)	•
he Articles of Organization for this Limited Liability Co	ompany were filed on 11/19	0/2020	and assigned
lorida document number L20000359602	<u>_</u> .		
This amendment is submitted to amend the following:			
a. If amending name, enter the new name of the limit	ted liability company here	<u>:</u> :	
he new name must be distinguishable and contain the words "Limit	ted Liability Company," the des	ignation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:			<u>-</u>
Principal office address MUST BE A STREET ADDR	ESS)		<u> </u>
		•••	
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX)			
	 		_
3. If amending the registered agent and/or registered	office address on our rec	ords, <u>enter the n</u>	ıme of the new regis
gent and/or the new registered office address here:			
Name of New Registered Agent:			
Name of the Wegistered Agent.			
New Registered Office Address:	Entar Elveid	a street address	
	imer ruoria	a sir vur taaar ess	
	City	, Florida	Ziv Code

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

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
MGR Miel	Michael Crooker	19413 Bellbrook Blvd	■Add
		Gretna, NE 68028	□Remove
			□Change
			□Remove
			□Change
			□Remove
			□ Change
		 	\ \textsquare \textsquar
			□Remove
			□Change
			
			□Remove
			□Change
			□Add
			Remove
			□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: ______ (optional)

(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 605,0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If 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 record is filed. Dated March 14 Gary Cucchi
Signature of a member or authorized representative of a member Gary Cucchi Typed or printed name of signee

Filing Fee: \$25.00