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COVER LETTER

Registration Section

Division of Corporations

Tallahassee, FL 32314

TO:

PE SUBJECT:	NINSUL	A PROPERTIES OF FL BRO	OOKSVILLE, LLC	
SUBJECT:		Name of Lin	nited Liability Company	
The enclosed Ar	ticles of .	Amendment and fee(s) are sub	omitted for filing.	
Please return all	correspo	ndence concerning this matter	to the following:	
		ALEX RAKATANSKY		
			Name of Person	
		RAKATANSKY, RAKAT	TANSKY & ASSOCIATES	
			Firm/Company	
		75 UNION AVENUE, SU	ITE 109	
			Address	
		SUDBURY, MA 01776		
		ALEV OR LUATANGUA	City/State and Zip Code	
		ALEX@RAKATANSKY.(to be used for future annual report no	tification)
For further inforr	nation co	oncerning this matter, please co		arreation)
ALEX RAKATA	ANSKY		508 872-0101	
	Name of	Person		ne Telephone Number
Enclosed is a che	ck for the	c following amount:		
■ \$25.00 Filing	g Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Registr	n of Co	ection orporations	Street Address: Registration Se Division of Co The Centre of 7	rporations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PENINSULA PROPERTIES OF FL BROOKSVILLE, LLC

(<u>Name of the Lin</u>	ited Liability Company as it now ap (A Florida Limited Liability Compa	pears on our records.) ny)	
The Articles of Organization for this Limited Florida document number L20000386578	· · ·	12/10/2020	and assigned
This amendment is submitted to amend the fo	llowing:		
A. If amending name, enter the new name	of the limited liability compan	y here:	
The new name must be distinguishable and contain the	words "Limited Liability Company," (he designation "LLC" or the	ne abbreviation "L.L.C."
Enter new principal offices address, if appl	icable:		<u> </u>
Principal office address MUST BE A STRE	ET ADDRESS)	·	
		·	021
			: 2 7
Enter new mailing address, if applicable:			<u> </u>
Mailing address MAY BE A POST OFFICE	<u> </u>		P
			12:
			ယ္ထ
 If amending the registered agent and/or gent and/or the new registered office addr 	registered office address on ou	r records, enter the n	ame of the new regist
gent and/or the new registered office addr	<u>ess nere</u> ;		
Name of New Registered Agent:	THOMAS GODINO		
New Registered Office Address:	10375 SE LEATHERBACK T	ERRACE	
	Enter	Florida street address	
	TEQUESTA	Florida	33469
	City		Zip Code

lew Registered Agent's Signature, if changing Registered Agent:

hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the rovisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and ccept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is eing filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability ompany 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>	<u>Address</u>	Type of Action
MGR	THOMAS GODINO	10375 SE LEATHERBACK TERRACE	= Add
		TEQUESTA, FL 33469	□Remove
			□ Change
MGR	CHRISTOPHER LUCY	107 SOUTH STREET #3B	
		BOSTON, MA 02111	=Remove
		☐ Change	
			Add (
			Remove
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an effective date is	listed, the date n	nust be specific a	nd cannot be pric	or to date of filing	or more than 90 da filing requiremer	ys after filing.) P its. this date w	ursuant to 605.02
ocument's effect	ive date on the	Department of	State's record	s.	3 1		
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