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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : GASSMAN, CROTTY & DENICOLO, P.A.

Account Number : 075350000514 Phone : (727)442-1200 : (727)443-5829 Fax Number

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

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

AWP RE, L.L.C.

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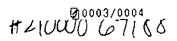
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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

AWP RE, L.L.C.		<u>_</u>
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records.) ability Company)	
The Articles of Organization for this Limited Liability Company v. Florida document number <u>L21000057380</u>	were filed on 02/02/2021	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	lity company here:	
The new name must be distinguishable and contain the words "Limited Liability	ty Company," the designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<del></del>
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, enter the p	name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
New Registered Office Address.	Enter Florida street address	
	, Florida	)
<del>-</del>	City	Zlp Code
New Registered Agent's Signature, if changing Registered Agent:		t tall also
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as public filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and 1 to provided for in Chapter 605, F.S.	Or, if this document is

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	STO-MANAGEMENT, L.L.C.	1245 COURT STREET	
		CLEARWATER, FL 33756	□Rcmove
			□ Change
MGR	STEPHEN OLSON	759 PARKWAY STREET	🗆 Add
		SUITE 201	≣Remove
		JUPITER, FL 33477	□ Change
			Change
<u></u>			□∧dd
			□Remove
			Change
			□Remove
			□Add
			DRcmove
			Change

. If amending any other information, enter change(s) here: (Attach	additional sheets, if necessary.)
	<del></del>
Effective date, if other than the date of filing:  (It an effective date is listed, the date must be specific and council be prior to date of filing:  Note: If the date inserted in this block does not meet the applicable status document's effective date on the Department of State's records.	
the record specifies a delayed effective date, but not an effective time, at 12 cord is filed.	01 a.m. on the earlier of: (b) The 90th day after the
Dated FEBRUARY 17 2021 Constant of the Constan	····
Signature of a member or authorized repr	esentative of a member
ALAN S. GASSMAN, AUTHORIZED REPRESENTATIVE	

Filing Fee: \$25.00

Typed or printed name of signee

ti 21/1/10/27/10