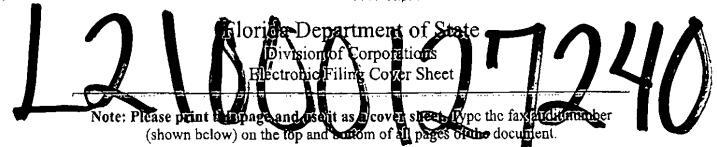
Division of Corporations



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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

Fax Number : (727)443-5829

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 SHOPPES AT SAND RIDGE, L.L.C.

Certificate of Status	0
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Estimated Charge	\$25.00

APR 13 2021

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Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SHOPPES AT SAND RIDGE, L.L.C.		
(Name of the Limited Limitity Compa (A Florida Limited)	nny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L21000127240	were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" of	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1409 Tech Boulevard, Suite 1	
Principal office address MUST BE A STREET ADDRESS)	Tampa, FL 33619	021, A.F.
		100 P
Enter new mailing address, if applicable:	1409 Tech Boulevard, Suite I	10 3.
Mailing address MAY BE A POST OFFICE BOX)	Tampa, I ⁻ L 33619	<u> </u>
		<u> </u>
3. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:		e name of the new registers
	Enter Florida street address	
	, Flori	da
New Registered Agent's Signature, if changing Registered Agent:	·	zip Çode
hereby accept the appointment as registered agent and agr	ee to act in this capacity. I furth	er agree to comply with th I am familiar with and

If Changing Registered Agent, Signature of New Registered Agent

-210/12/4291D

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	<u>Name</u>	Address	Type of Action
MGR	Frank P. Ripa	1409 Tech Boulevard, Suite 1	
		Tampa, FL 33619	□Remove
			\= Change
MGR	Joseph C. LaFace	1409 Tech Boulevard, Suite 1	□ Add
		Tampa, Fl. 33619	□Remove
		···	
			□Add
		CIRe	CIRemove
			Chánge
		 	Remove
			□ Change
			DAdd
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Mective date, if other that fan effective date is listed, the dat Note: If the date inserted in the locument's effective date on the series of the date on the series of the date of the series of the date of the series of the s	us block does not meet the	e applicable statutory i	more than 90 days after fili- iling requirements, this da	ng.) Pursuant to 605.0207 (te will not be listed as t
record specifies a delayed off d is filed.	ective date, but not an effe	ective time, at 12:01 a.	m, on the earlier of: (b)	The 90th day after the
Dated April 9	202!	I 		
·	7/ / / /			

Filing Fee: \$25.00

Typed or printed name of signee

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