

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H21000342424 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

	Division of Cor	: (850)617-6383	-
		(===,==	*
From:			
	Account Name	: GASSMAN, CROTTY & DENICOLO, P.A.	
	Account Number	: 075350000514	•
	Phone	: (727)442-1200	
		: (727)443-5829	
*****	the email address	s for this business entity to be used for	futur
surer.	che email addres. Hual report maili	ngs. Enter only one email address please.	**

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN 1981 EAST LAKE, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu



ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **O**F

1981 EAST LAKE, LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited L	ny as it now appears on our records. Jability Company))
The Articles of Organization for this Limited Liability Company Florida document number L21000127308	were filed on 03/17/2021	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:	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<u> </u>
(Principal office address MUST BE A STREET ADDRESS)		
		(1)
Enter new mailing address, if applicable:		. (')
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, <u>enter t</u>	ae name of the new registere
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Floi	rida Zip Code
New Registered Agent's Signature, if changing Registered Agent:	-	·
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	ee to act in this capacity. I furt performance of my duties, and provided for in Chapter 605, F	d I am familiar with and '.S. Or, if this document is
If Chai	nging 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

Title	<u>Name</u>	Address	Type of Action
Asst Mgr	PAMELA BALL	419 EAST SHORE DRIVE	<u></u> ≝ Add
		CLEARWATER, FL 33767	□Remove
			□Change
			□Remove
			□ Change
			□Add
			☐ Change
			□ Remove
			[]Change
			□Add
			□Remove
			□Change
			□Add
			LiRemove
			□Chan-

						
						
				-	~	
						
					,	
						
			<u> </u>			
		_				
					Ÿ	2021
	<u> </u>	.	<u> </u>		<u> </u>	2021 350
	·					,
						7.
						, , , , , , , , , , , , , , , , , , ,
						٠.٠٠
						
			<u> </u>			
ective date, if other than	the date of filing must be specific and	cannot be prior to	date of filing or m	(Opt ore than 90 days afte	ional) r filing.) Pursua	nt to 605.02
te: If the date inserted in the ument's effective date on t	us block does not me	eet the applicab	le statutory filing	g requirements, th	is date will no	t be listed
	no Department of St	210 3 1000103.				
cord specifies a delayed eff	ective date, but not a	an effective time	e, at 12:01 a.m. (on the earlier of: ()	b) The 90th o	lav after th
s filed.				•	•	•
		2021				
ed	,	<u></u>	\overline{N}			
	/	Nella	Le			
		<u> </u>		_		
	Signature of a m	ember or authoriz	zed representative	of a member		

Filing Fee: \$25.00