L21000134974

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October 28, 2021

GERALD MARTINEZ 11708 PALMER DR. TAMPA, FL 33624

SUBJECT: 8101 N 39TH STREET, LLC

Ref. Number: L21000134974

We have received your document for 8101 N 39TH STREET, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 821A00026323

Alecia Rivers Regulatory Specialist II

COVER LETTER

TO:

TG: Registration Section Division of Corpo		•		•
CUDIFOT.	. 9101 N.	39 th's	TREET 1	. • CC •
SUBJECT:	Name of Lim	ited Liability Compa	ny	2021 NOV - 8 AMM: 55
The enclosed Articles of Ar	nendment and fee(s) are sub	mitted for filing.		•
Please return all correspond	lence concerning this matter	to the following:		
	Cére	erald,	MARTI	NEZ
		Name of Pers	on	
	Articles of Amendment and feets) are submitted for filing. Articles of Amendment and feets) are submitted for filing. Articles of Amendment and feets) are submitted for filing. Articles of Amendment and feets) are submitted for filing. ARTINE Z Name of Person S101 M, 39 th STREET, LLC From Company 11708 Palmen Da. Address TAMPA F- OR da 33620 CityState and Zip Code TBCBUILD C gmail our U-mail address: (to be used for future annual report notification) Ortination concerning this matter, please call: CLEALD MARTINEZ at (813), 927.43.93 Name of Person Area Code Daytime Telephone Number Certificate of Status Certificate Copy (colificant cup) the curioscept Certificate of Status & Certificate Copy (colificant cup) the curioscept Street Address: Registration Section			
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		Address		
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		City/State and Zip	Code	
	E-mail address: (1	TBC to be used for future	DUI 1d @ annual report notifie	auch)
For further information con				
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Name of P	A (d. /V/AR (10e	2 at (8/2	le Daytime	74353 Telephone Number
		71110	ic truyillin	reception runner
Enclosed is a check for the	following amount:			
S25.00 Filing Fee	-	□ \$55.00 Filin	v Fee &	□ \$60.00 Filing Fee
Z		Cenified Co	ру	Certificate of Status & Certified Copy
Mailing Address:		Sti	reet Address:	
	ction			ion
Division of Cor	porations		vision of Corp	
P.O. Box 6327	22214		ne Centre of Ta	
Fallahassee, FL	. 32314)		15 N. Monroe Illahassee, FL (Street, Suite 810 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

8101 N. 39th 5	TREET, LLC	
SIOI N. 39th S. (Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number	were filed on $\frac{3/23/2021}{}$	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab		
The new name must be distinguishable and contain the words "Limited Liabil	ity Company." the designation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:	11708 PALMER. TAMPA, Florida	DR.
(Principal office address MUST BE A STREET ADDRESS)	TAMPA, Florida	33624
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:	address on our records, enter the name	of the new registered
Name of New Registered Agent:		: 🚉
New Registered Office Address:		<u> </u>
	Enter Florida street address	<u></u>
	, Florida	of the Time of
	Cuv -	\/\IpInde ***

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.

New Registered Agent's Signature, if changing 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
			⊡Add
			□Remove
			□Change
			□Add
			∐Remove
			☐ Change
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