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Certified Copies	Certificates	of Status
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Special Instructions to	Filing Officer:	

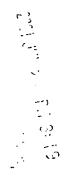
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COVER LETTER

	of Corporations		
ACE SURJECT:	ROPOLIS 813 LLC		
30B3EC1.	Name of l	Limited Liability Company	
			
The enclosed Artic	eles of Amendment and fee(s) are	submitted for filing.	
Please return all co	orrespondence concerning this mat	tter to the following:	
	CHIP WILLIAMS		
	 	Name of Person	
	BAY TO BAY SOLUT		
		Firm Company	
	PO BOX 76042		
		Address	
	TAMPA, FL 33675		
		City/State and Zip Code	
	CHIP@B2BS.NET		
r earle		ss: (to be used for future annual report not	ification)
for further inform	ation concerning this matter, pleas	e call:	
CHIP WILLIAMS	S	S13 765-0761	
3	Name of Person	Area Code Daytin	ne Telephone Number
Enclosed is a chec	k for the following amount:		
■ \$25.00 Filing	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)
Mailing A		Street Address:	
	ition Section of Corporations	Registration Sc Division of Co	
P.O. Bo		The Centre of	
Tallahas	see, FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303 -

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ACROPOLIS 813 LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{4/2/2021}{1}$ ____ and assigned Florida document number L21000154640 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (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 address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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

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.

City

, Florida

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
AMBR	ADIB NASR	14947 BRUCE B DOWNS BLVD	= Add
		TAMPA, FL 33613	□Remove
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fective date, if other than the date negfective date is listed, the date must be	specific and cannot be prior to date of filing or more than does not meet the applicable statutory filing requir	(optional) 90 days after filing.) Pursuant to 605.020 rements, this date will not be listed as
cument's effective date on the Depar	and how and are officially always and 12.01 are an all and	U of the Cook to affect the
rument's effective date on the Depar	ite, but not an effective time, at 12:01 a.m. on the e	arlier of: (b) The 90th day after the
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rument's effective date on the Department specifies a delayed effective date is filed.		

Filing Fee: \$25.00