L21000184512

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SECRETARY OF STATE ALL AHASSEE, FLORIDA

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COVER LETTER

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CHRICT	8719 N TANGERINE PLACE LLC				
8719 N TANGERINE PLACE LLC SUBJECT: Name of Limited Liability Company					
The enclose	ed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please retur	n all correspo	ondence concerning this matter	to the following:		
		Michael E. Steuer			
			Name of Person		
		Steuer & Co, CPA			
			Firm/Company		
		1000 Belcher Rd S Ste 7			
			Address		
		Largo, FL 33771			
			City/State and Zip Code	·····	
		myinfo@miketheepa.com			
For further	information c	E-mail address: (to be used for future annual report no all:	ottlication)	
Michael E.			727 797-9000		
	Name o	f Person	Area Code Dayti	me Telephone Number	
Enclosed is	a check for th	ne 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 Address: Registration Section		Street Address: Registration S	lection		
Division of Corporations		Division of Corporations			
P.O. Box 6327		The Centre of Tallahassee			
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

8719 N TANGERINE PLACE LL	C	
(Name of the Lim	ited Liability Company as it now a (A Florida Limited Liability Comp	ppears on our records.) any)
The Articles of Organization for this Limited I Florida document number L21000184512	Liability Company were filed o	n (14/21/2021 and assigned
This amendment is submitted to amend the fol	lowing:	
A. If amending name, enter the new name	of the limited liability compa	ıy 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 appli	cable:	
(Principal office address MUST BE A STRE	ET ADDRESS)	2023
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	BOX)	UN-5 AN 7
B. If amending the registered agent and/or agent and/or the new registered office address.		our records, enter the name of the new registered
Name of New Registered Agent:	Michael E. Steuer	
New Registered Office Address:	1000 Belcher Rd S Ste 7	
rea regimered office radiess.	Ente	r Florida street address
	Largo	Florida ³³⁷⁷¹
	City	Zip Code

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.

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
			Remove
			Change
			□Add
			□ Remove
			Change
			□Add
			□Remove
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			🗆 Add
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E. Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the	_		
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Mish D	Dated May 27	2023	
Signature of a member or authorized representative of a member	•	Make In	
		signature of a member or authorized representative of a r	member
		Typed or printed name of signer	

Filing Fee: \$25.00