Division of Corporations Electronic Filing Cover Sheet

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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:

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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ENDLESS SUMMER 2021, L.L.C.

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

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Electronic Filing Menu

Corporate Filing Menu

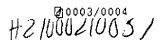
Help

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ENDLESS SUMMER 2021, 11C.			
(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 05/04/2021  Florida document number L21000208627	and assig	gned	
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 abb	reviation "L.L	.C."	•
Enter new principal offices address, if applicable:			_
(Principal office address MUST BE A STREET ADDRESS)		021	_
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Enter new mailing address, if applicable:	<u> </u>		- \_
(Mailing 'address MAY BE A POST OFFICE BOX)	<u>س اشر</u> شاهدی	 ज्	-
	<u></u>	<u></u>	_
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B. If amending the registered agent and/or registered office address on our records, enter the name agent and/or the new registered office address here:	of the new	<u>registe</u>	red
Name of New Registered Agent:			-
New Registered Office Address:			_
Enter Florida street address			
			_
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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR =	Munager
	41 11 11

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	CHERIE TROYEN	1245 COURT STREET	<b>≅</b> Add
		CLEARWATER, FL 33756	□Remove
			[T]Change
			□Add
	·		□Remove
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coption officially date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after the listed in this block does not meet the applicable statutory filing requirements, this cument's effective date on the Department of State's records.	filing.) Pursuant to 605.0207 (3
cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) is filed.	The 90th day after the
ted MAY 26 2021	
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Filing Fee: \$25.00