## LZ1000259187

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7/12/21



## **COVER LETTER**

TO: Registration Se Division of Cor				
	KLIN STREET, LLC			
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	indence concerning this matter	to the following:		
	SPENCER FORD			
		Name of Person	<del>-</del>	
	902 FRANKLIN STREET	C. LLC		
		Firm/Company	<del></del>	
	1523 N FRANKLIN STRI	EET		
		Address		
	TAMPA, FL 33602			
		City/State and Zip Code		
	SFORD@717PARKING.C			
	E-mail address: (	to be used for future annual report noti	fication)	
For further information c	oncerning this matter, please c	all:		
JASON ACCARDI		813 228-7722		
Name of Person		at ()	e Telephone Number	
Enclosed is a cheek for the	he following amount:			
	S30,00 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 Addres		Street Address:	.•	
Registration :		Registration Se		
Division of C P.O. Box 632	-		Division of Corporations The Centre of Tallahassee	
Tallahassee.			e Street, Suite 810	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

902 FRANKLIN STREET, LLC		
( <u>Name of the Limited Liabi</u> (A Florid	lity Company as it now appears on our reco da Limited Liability Company)	rds.)
The Articles of Organization for this Limited Liability	Company were filed on JUNE 3, 2021	and assigned
Florida document number L21000259187	<del></del> ·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and contain the words "Lie	mited Liability Company," the designation "LI	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	RESS)	
Enter new mailing address, if applicable:	<del> </del>	<del></del> .
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
B. If amending the registered agent and/or register agent and/or the new registered office address here:		er the name of the new registere
Name of New Registered Agent:		
New Registered Office Address:		
New Registered Office Address.	Enter Florida street addi	23.5
		Florida
	City	Zip Code
New Registered Agent's Signature, if changing Register	<u>ed Agent:</u>	2
I hereby accept the appointment as registered agen provisions of all statutes relative to the proper and accept the obligations of my position as registered s being filed to merely reflect a change in the register company has been notified in writing of this change	complete performance of my duties. agent as provided for in Chapter 605 red office address. I hereby confirm t	further agree to comply with the and I am familiar with and F.S. Or, if this document is

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	KOKOLAKIS, JOSEPH J	134 BUENA VISTA DRIVE	≣Add
		DUNEDIN, FL 34968	□Remove
		US	□Change
MGR KO	KOKOLAKIS, JOSEPH J	134 BUENA VISTA DRIVE	□Add
-		DUNEDIN, FL 34968	≣Remove
		US	□Change
			□Add
			Remove
			□Change
			□Add
			□Remove
			□Change
			□ Remove TI □ Charge
			□Add
			□Remove
			□Change

			<del> </del>
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Effective date, if other than the fan effective date is listed, the date mu Note: If the date inserted in this b document's effective date on the E	lock does not meet the applicable stat	(optional filling or more than 90 days after filling tutory filling requirements, this days	ng.) Pursuant to 605.020
	ve date, but not an effective time, at 1	2:01 a.m. on the earlier of: (b)	The 90th day after the
record specifies a delayed effective is filed.			
	2021		1021
d is filed.	. 2021		1801 JUR.
d is filed.	2021 Signature of a member or authorized rej	presentative of a member	1821 JULY 1 111 T 2