# LZ-1000426817

(R	equestor's Name)
(A	ddress)
(A	ddress)
(C	ity/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(B	usiness Entity Name)
(D	ocument Number)
Certified Copies	Certificates of Status
Special Instructions to	o Filing Officer:
	010616
L	10/10/1

Office Use Only



900374702359

10/12/21--01015--014 \*\*25.00





## Brick Business Law, P.A.

Florida Litigation and Counsel

Kevin G Brick, Esq.\* John S. Koda, Esq. Joseph Kennett, Esq. Jocelyn C. Smith, Esq. Scott W. Miller, Esq. Krishna Vasudevan, Esq.

"B C.5 Business Latigation

October 8, 2021

#### Main Office Address; Brick Business Law, PA 3413 W Fletcher Ave Tampa, FL 33618

Website: BrickBusinessLaw.com

Phone Numbers: 813-816-1816 (o) 813-200-1032 (f)

Email: Danielle.Peynado @BrickBusinessLaw.com

#### **VIA U.S. PRIORITY MAIL:**

9405 5116 9900 0676 0752 51 Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

RE: 5510 CENTRAL, LLC - L21000426817 - Change of Name Filing to 5150 CENTRAL, LLC

Dear Sir/Madam:

Please fine enclosed a copy of the following documents in connection with the aforementioned:

- Cover Letter to Articles of Amendment;
- Articles of Amendment in connection with the change of Name of 5510 Central, LLC to 5150 Central, LLC;
- Check #454 in the amount of \$25.00.

We would be grateful if you could process the enclosed Change of Name Request. Should you have any questions or need anything else in the meantime, please contact me via email at <a href="mailto:danielle.peynado@brickbusinesslaw.com">danielle.peynado@brickbusinesslaw.com</a> or by phone at 813-816-1816.

Sincerely,

Danielle Peynado Paralegal

Cc: File

#### **COVER LETTER**

Registration Section Division of Corporations

TO:

5510 CEN SUBJECT:	JTRAL, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	DANIELLE PEYNADO		
		Name of Person	
	BRICK BUSINESS LAW	, P.A.	
	4	Firm/Company	
	3413 W FLETCHER AVE	:	
		Address	<del></del>
	TAMPA, FL 33618		
	4 <del>0000 11</del>	City/State and Zip Code	
		BRICKBUSINESSLAW.COM	
		to be used for future annual report not	ilication)
For further information	concerning this matter, please c	all:	
DANIELLE PEYNAD		813 816-1816 at ()	
Name	of Person	Area Code Daytim	ne Telephone Number
Enclosed is a check 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 Addro Registration Division of P.O. Box 63 Tallahassee,	Section Corporations 27	Street Address: Registration Se Division of Col The Centre of T	rporations

Tallahassee, FL 32303

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2021 OCT 12 AM 9: 52

5510 CENTRAL, LLC

(Name of the Limited Liability Company as it now appears on our records) TARY OF STATE (A Florida Limited Liability Company) TALL AHASGEE, FL

The Articles of Organization for this Limited Liability Company	were filed on	and assigned
Florida document number L21000426817		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
5150 CENTRAL, LLC		
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designa	tion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	5150 CENTRAL AV	ENUE
(Principal office address MUST BE A STREET ADDRESS)	ST. PETERSBURG,	FL 33707
Enter new mailing address, if applicable:	<del></del>	
(Mailing address MAY BE A POST OFFICE BOX)		
		<u></u>
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:  Name of New Registered Agent:	address on our record	ls, enter the name of the new register
New Registered Office Address:	Enter Florida str	
	t.nier r ioruia su	eet address
	City	, Florida
	Ž	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my a provided for in Chap	luties, and I am familiar with and eer 605, F.S. Or, if this document is
If Cha	nging Registered Agent, S	ignature 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>	Name	Address	Type of Action
			□Add
			□Remove
			□Change
			□ Add
			□Change
			□Add
			□ Remove
		<del></del>	
			□Add
			□ Remove
			□Change
<del>.</del>			□Add
			Remove
			□Change
			□Add
			□Remove
			∏Change

		<del></del>		
		<u>.</u>		
			<del></del>	
	<del></del>		·	<del></del>
	<u> </u>			
ctive date, if other than the d	late of filing:		(opt	ional)
effective date is listed, the date must e: If the date inserted in this bloom	be specific and cannot be p	prior to date of filing o	r more than 90 days afte	er filing.) Pursuant to 605.02
iment's effective date on the Dep			mg requirements, th	is date will not be listed
ord specifies a delayed effective	date, but not an effecti	ve time, at 12:01 a.i	n. on the earlier of: (	b) The 90th day after t
filed.				
OCTOBER 7	<b>202</b> 1			
OCTOBER 7	,	<del>-</del>		
	te	istail.		
<del>-</del>	Gignature of a member or	authorized representa	ive of a member	

Filing Fee: \$25.00