121000459760

(Requestor's Name	e)
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PICK-UP WAIT	MAIL
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Special Instructions to Filing Officer:	
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COVER LETTER

TO: Registration S Division of Co		
91 & 19, 1 SUBJECT:	LLC .	
Someth	Name of Limited Liability Company	
The enclosed Articles o	of Amendment and fee(s) are submitted for filing.	
Please return all corresp	pondence concerning this matter to the following:	
	Kim Johnson	
	Name of Person	-
	RMC Property Group	
	Firm/Company	-
	8902 N. Dale Mabry Highway, Suite 200	
	Address	-
	Tampa, FL 33614	
	City/State and Zip Code	-
	kjohnson@mcpg.com	
	E-mail address: (to be used for future annual report notification)	
For further information of	concerning this matter, please call:	
Kim Johnson	813 712-3061	
Name o	of Person at () Area Code Daytime Telephone Number	.
Enclosed is a check for t	the following amount:	
■ \$25.00 Filing Fee	(*) An	
= 325.00 Filing Fee	(additional copy is enclosed) Certified	te of Status &

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**



2021 DEC 20 AM 9: 26

91 & 19, LLC

SECRETARY STORY

(A)	Florida Limited	Liability Company)	our records.) 18-2 1	
The Articles of Organization for this Limited Liab Florida document number 1.21000459760	oility Company	were filed on $\frac{10/21/2}{2}$	and assigned	
This amendment is submitted to amend the follow	ring:			
A. If amending name, enter the new name of t	he limited liab	ility company here:		
The new name must be distinguishable and contain the wor	ds "Limited Liabi	lity Company," the design	ation "LLC" or the abbreviation "LLLC."	
Enter new principal offices address, if applicable:		2717 West Jetton Avenue		
(Principal office address MUST BE A STREET	ADDRESS)	Tampa, FL 33629		
Enter new mailing address, if applicable:		2717 West Jetton Avenue		
(Mailing address MAY BE A POST OFFICE BOX)		Tampa, FL 33629		
B. If amending the registered agent and/or reg agent and/or the new registered office address I Name of New Registered Agent:	istered office : here: Scott C. Peper		ds, enter the name of the new registe	
	2717 W			
New Registered Office Address:	2717 West Jette	on Avenue Enter Florida st	a tot adda san	
	Tumos	tzuer viortad St		
	Tampa	City:	Florida ³³⁶²⁹	
New Registered Agent's Signature, if changing Ree		•	Zip Code	

N

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>	Name	Address	Type of Action
MGR	Mitchell Rice	8902 N. Dale Mabry Hwy, Ste 200	
		Tampa, FL 33614	_
			⊡Change
MGR	H. Robert Eggleston, III	8902 N. Dale Mabry Hwy, Ste 200	□ Add
		Tampa, FL 33614	≣Remove
			□Change
MGR	Scott C. Peper	2717 West Jetton Avenue	≣ Add
		Tampa, FL 33629	
			□Change
			□Remove
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m effective ote: If th	ate, if other than the date is listed, the date in serted in this effective date on the	must be specific and block does not a	id cannot be prior meet the applic	able statutory fil	(0 more than 90 days ing requirements.	ptional) after filing.) Pursuant this date will not b	to 605.020 e listed a
ecord spo is filed.	cifies a delayed effec	tive date, but no	t an effective ti	me, at 12:01 a.m	, on the earlier of	f: (b) The 90th day	after the
ted	Dec. 13		_ <u>2021</u>	·			
_		Signature of a	member or author	orized representativ	س علسور روز براز رو		_

Filing Fee: \$25.00