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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : BAND LAW GROUP, PL.

Account Number : 120090000020 Phone

: (941)917-0505

Fax Number

: (941)917-0506

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN TROPICAL SHORES BUILDING GROUP, LLC

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DEC 1 4 2021

S. PRATHER

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

OF

TROPICAL SHORES BUILDING G	FROUP, LLC	TS T
(Name of the Limited	Liability Company as It now appears on our a A Florida Limited Liability Company)	tords.)
The Articles of Organization for this Limited Lin	bility Company were filed on 11/22/2021	and assigned
Florida document number L21000498848		
This amendment is submitted to amend the follow	ving:	
A. If amending name, <u>enter the new name of t</u>	the limited Hability company here:	
The new a same must be distinguishable and contain the wor	ds "Limited Liability Company," the designation	"LLC" or the abbreviation "LLC"
Enter new principal offices address, if applical	ble:	
(Principal office address MUST BE A STREET	ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE Be	<u></u>	
B. If amending the registered agent and/or reg agent and/or the new registered office address		nter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Exter Florida street a	ddress
	- Cu	, Florida
	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

P.003/004

WWOLT # III HAI DUUTS PATI DIII

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	GARY TURNER	5762 Aaron Ctr.	E Add
		Sarasota, FL 34232	□Remove
			Change
			□Add
			☐ Change
			
			Remove
			Change
			□Add
			□Remove
			Change
			DAdd
			Change
			□Add
			CRemove
		_	

D. If amending any other information, enter change(s) here: (Attach additional sheets, if nec			
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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 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this document's effective date on the Department of State's records.	onal) filing.) Pursuant to 60 a date will not be li	05.0207 (sted as t	(3)(b) he
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of; (b record is filled.) The 90th day aff	ter the	
Dated DECEMBER 13 , 2021	SECRETAR ALLAHASSI	2021 DEC 13	ربر-
Signafurator a member or authorized representative of a member			FILED
GREGORY S. BAND, ESQ., AUTHORIZED REPRESENTATIVE	F STAT	PH 2:	\Box
Typed or printed same of signer		0	

Filing Fee: \$25.00