## 122000031091

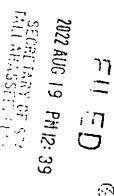
(Re	equestor's Name	)
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificate	es of Status
Special Instructions to	Filing Officer:	
		J. HORNE NOV - 4 2022

Office Use Only



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## COVER LETTER

	gistration Sec vision of Corp			i			
ALIB 15 CT	16020 Avi	ation Loop LLC					
SUBJECT:		Name of Lim	nited Liability Company				
The enclose	d Articles of A	Amendment and fee(s) are sub	mitted for filing.				
Please return	n all correspoi	ndence concerning this matter	to the following:				
		John Theofilos					
			Name of Person	· · · · · · · · · · · · · · · · · · ·			
		Ballast Point Capital LLC	E				
			Firm/Company				
		705 North Howard Avenu	ue				
			Address				
		Tampa, FL 33606					
			City/State and Zip Code	<u> </u>			
		admin@ledraholdings.com	1				
		E-mail address: (	to be used for future annual report noti	fication)			
For further i	nformation co	oncerning this matter, please c	all:				
Michelle i	Kuhiman		813 237-8171				
	Name of	Person		e Telephone Number			
Enclosed is	a check for the	e following amount:					
<b>■ \$2</b> 5.00 1	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)			
	iling Address		Street Address:	ction			
Registration Section Division of Corporations			Registration Section Division of Corporations				
	D. Box 6327	-	The Centre of T	-			
Та	llahassee F	1 32314	2415 N. Monro	e Street Suite 810			

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

16020 Aviation Loop LLC			
(Name of the Limit	ed Liability Company as it now appear (A Florida Limited Liability Company)	rs on our records.)	9 P I
The Articles of Organization for this Limited Li	ability Company were filed on	1/14/22	and assigned
Florida document numberL22000031091	<del>·</del>		9
This amendment is submitted to amend the follo	owing:		
A. If amending name, enter the new name of	the limited liability company he	ere:	
The new name must be distinguishable and contain the w	ords "Limited Liability Company," the d	esignation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applic	able:		
(Principal office address MUST BE A STREE	T ADDRESS)		<del></del>
			<u> </u>
Enter new mailing address, if applicable:			<del></del>
(Mailing address MAY BE A POST OFFICE )	<u>BOX)</u>		
B. If amending the registered agent and/or reagent and/or the new registered office addres	<del>-</del>	ecords, <u>enter the na</u>	me of the new registered
Name of New Registered Agent:			
New Registered Office Address:	7901 4th St., N # 300	<u></u>	
	Enter Flor	ida street address	·
	St. Petersburg	, Florida _	33702
	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 = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MBR	Michelle Kuhlman		
		705 N. Howard Ave., Tampa, FL 33606	= Remove
			□Change
MBR	John Theofilos		□Add
		6303 Bayshore Blvd, Tampa, FL 33611	Remove
			□Change
MBR	Elisabeth Theofilos		□Add
		6303 Bayshore Blvd., Tampa. FL 33611	Remove
			□Change
AMBR	Ballast Point Capital LLC	705 N. Howard Ave., Tampa, FL 33606	= Add
			□Remove
		<del></del>	□Change
		<del></del>	□Add
			□Remove
			□Change
			□Add
			□Remove
			∏Change

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Filing Fee: \$25.00