

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000392834 3)))



H220003928343AEC0

To:			
	Division of Corpe	orations	÷
	Fax Number :	(850)617-6383	
From:			AM II:
	Account Name :	ALLSTATE CORPORATE SERVICES CORP	· 2
	Account Number :	120040000031	37
	Phone :	(800)906-9220	
	Fax Number :	(800)906-9880	
	, an individer	(880)388 3880	

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN FEM HUNDRA, LLC

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$30.00

C. BRUMBLEY YUV 1 8 2022

(((H22000392834 3)))

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FEM HUNDRA, LLC			2022 SEC
(Name of the Limit	ed Liability Compa (A Florida Limited	ny as it now appears on our records.) Liubility Company)	70 70 TI
The Articles of Organization for this Limited L. Florida document number L22000043501	and assigned ANTISSEE, FIL		
This amendment is submitted to amend the follow. A. If amending name, enter the new name of	Ū	vility company here:	: 27 TATE
The new name must be distinguishable and contain the w	vords "Limited Liabi	lity Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		12010 TUSCANY BAY DRIVE #2	204
		TAMPA, FL 33626	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		12010 TUSCANY BAY DRIVE #2 TAMPA, FL 33626	204
B. If amending the registered agent and/or ragent and/or the new registered office address		address on our records, <u>enter the</u>	name of the new registered
Name of New Registered Agent:			
New Registered Office Address:	12010 TUSCA	NY BAY DRIVE #204	
		Enter Florida street address	
	TAMPA		a 33626
		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

Title	<u>Name</u>	Address	Type of Action
AMBR	JERMEY LOPEZ	12010 TUSCANY BAY DRIVE #204	□Add
		TAMPA, FL 33626	□Rémove
			■ Change
			□Add
			Remove
			□Change
			□Add .
•			Remove
			Change
			□Add
			Remove
			□ Change
			□Add
			□Remove
			□Change
			🗆 Add
			□Remove
			□Change

		<u> </u>
		
		
	·	
		•
the date inserted in this block do	es not meet the applicable statutory filing requireme	_ (optional) Lays after filing.) Pursuant to 605.0207 (3)(b) ents, this date will not be listed as the
specifies a delayed effective date I.	but not an effective time, at 12:01 a.m. on the earlie	er of: (b) The 90th day after the
NOVEMBER 5TH	, 2022	
		ī
	e date, if other than the date live date is listed, the date must be spetched date inserted in this block don's effective date on the Department of the determinant of the determinant of the date, in the date is listed, the date must be specified at the date in the dat	e date, if other than the date of filing: live date is listed, the date must be specific and cannot be prior to date of filing or more than 90 of the date inserted in this block does not meet the applicable statutory filing requirement's effective date on the Department of State's records. Specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earling.