## 122000054561

(Requestor's Name)
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UNVISION OF CONFIDENCE STATES

JUN 28 2022

TO:

## **COVER LETTER**

TO: Registration ! Division of Co			
	S ALTOS, LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	oondence concerning this matter	to the following:	
		Name of Person	
	APPLETON REISS, PLD	С	
		Firm/Company	<del>.</del>
	215 N. HOWARD AVEN	UE SUITE 200	
		Address	
	TAMPA, FL 33606		
	20751 (16 M TOOL I C. 6 C. 7	City/State and Zip Code	
,	3075LOSALTOSLLC@G\\ E-mail address: (	to be used for future annual report notif	ication)
For further information	concerning this matter, please c	all:	
DAN GALATI		813 702-3717	
Name	of Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for	the following amount:		
■ \$25.00 Filing Fee	S30.00 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 Addr Registration Division of P.O. Box 63 Tallahassee.	Section Corporations 27	Street Address: Registration Sec Division of Corp The Centre of Ta 2415 N. Monroe Tallahassee, FL	porations allahassee : Street, Suite 810

Authentisign III. 709F9101-2F04-E011-997E-501A05660679

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

N FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

3075 LOS ALTOS, LLC

22 MAY -6 PM 2: 37

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Compa	ny were filed on 2/1/2022	and assigned
Florida document number 1.22000054561		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
The new name must be distinguishable and contain the words "Limited Lie	ability 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)		
		-
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		<del></del>
B. If amending the registered agent and/or registered offic agent and/or the new registered office address here:	ce address on our records, <u>e</u> s	nter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street a	ddress
		Zip Code
New Registered Agent's Signature, if changing Registered Agen	<u>nt:</u>	
I hereby accept the appointment as registered agent and a provisions of all statutes relative to the proper and comple accept the obligations of my position as registered agent a being filed to merely reflect a change in the registered offi company has been notified in writing of this change.	ete performance of my dutie is provided for in Chapter 6	s, and I am familiar with and 05. F.S. Or, if this document is

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	DANIEL GALATI	3116 W. PEARL AVE, TAMPA, FL 33611	<b>=</b> Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			🗆 Remove
			□Change
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Note: If the da	if other than the date is listed, the date must be specified in this block dective date on the Department.	oes not meet th	ne applicable st	of filing or more than atutory filing requir	(optional) 90 days after filing.) Purements, this date wil	rsuant to 605,0207 ( I not be listed as t
record specifi d is filed.	es a delayed effective date	, but not an ef	fective time, at	12:01 a.m. on the c	arlier of: (b) The 90	)th day after the
Dated	04/25/22					
		( )	Authentisian HIRLEY GELDFEL	presentative of a me		