Division of Corporations 2/23/22, 4:33 PM

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> > (((FI22000071202 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : GASSMAN, CROTTY & DENICOLO, P.A.

Account Number : 075350000514 Phone : (727)442-1200 Fax Number : (727)443-5829

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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN 6907 BOTTLEBRUSH, L.L.C.

Certificate of Status	0
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FEB 24 2022 T. LEMIEUX

Audit Fax# H22000071202 3

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

6907 BOTTLEBRUSH, L.L.C.			
(Name of the Limited Linhility Com (A Florida Limite	nany as it now appears on our records. d Liability Company)	)	<del></del>
The Articles of Organization for this Limited Liability Compared on the Compared Com	ny were filed on 02/14/2022		and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lis	ability company here:		
The new name must be distinguishable and contain the words "Limited Lia	ability Company," the designation "LLC"	or the abbr	eviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)		<del></del>	
		<del>-</del> .	25.2
Enter new mailing address, if applicable:	200 2ND AVENUE SOUTH, U	NIT,413	<u></u>
(Mailing address MAY BE A POST OFFICE BOX)	ST. PETESBURG, FL 33701	-	<del>3</del> .:-
France and the Park of A of Fred Boy			ω m
		-	Par U
B. If amending the registered agent and/or registered offic agent and/or the new registered office address here:	e address on our records, <u>enter t</u>	he namě	of the new regist
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street address		
	, Flo	rida	
	City		Zip Code
New Registered Agent's Signature, if changing Registered Agen	<u>ıt:</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.	te performance of my duties, and is provided for in Chapter 605, F	AI am factors $S$ . Or, if	miliar with and 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 Audit Fax# H22000071202 3

Title	Name	Address	Type of Action
MGR	SEANN GATES	200 2ND AVENUE SOUTH, UNIT 413	🗀 ^ dd
		ST. PETESBURG, FL 33701	≣Remove
			🗆 Change
MGR	JASON D. PHILPOT	3827 WATSON DRIVE	<b>\(\exists\) \(\exists\)</b>
		NEW PORT RICHEY, FL 34655	□Remove
			UChange
			□Add
			□Remove
		<del> </del>	□ Change
			□Add
			🖸 Remove
		<del></del>	□ Change
			ETAdd
			DRemove
			Change
			□Add
			CJRemove
Audie En	.# LIOOOOOTLOOO 2		Change

Audit Fax# H22000071202 3

Effective date, if other than the date of filing:	Effective date, if other than the date of filing:  (Optional)  (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 filing.) Pursuant to 605.026.  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a document's effective date on the Department of State's records.  The record specifies a delayed effective date, but not an effective time, at 12:01 n.m., on the earlier of: (b) The 90th day after the ord is filed.  Dated  February 23  2022  Walth State of the property of		. <del></del>				
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