L22000059557

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	· #)
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I ALBRITTON

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 Fax (850) 222-1222

	. <u>-</u>			
FL FRUITVILLE, LL	.C			
				Art of Inc. File
				 -
			_	LTD Partnership File
				Foreign Corp. File
				L.C. File
				Fictitious Name File
				Frade/Service Mark
				Merger File
			_	Art, of Amend, File
				RA Resignation
				Dissolution / Withdrawal
			<u>-</u>	Annual Report / Reinstatement
			 '	Cert. Copy
				Photo Copy
			ļ	Certificate of Good Standing
				Certificate of Status
				Certificate of Fictitious Name
			<u> </u>	Corp Record Search
				Officer Search
				Fictitious Search
Signature				Fictitious Owner Search
Signature				Vehicle Search
				Driving Record
Requested by: SETH				UCC 1 or 3 File
				UCC 11 Search
Name	Date	Time		UCC 11 Retrieval
Walk-In	Will Pick Up			Courier

COVER LETTER

TO: Registration Se Division of Con					
	VILLE, LLC				
SUBJECT:	Name of Lim	ited Liability Company	· · · · · · · · · · · · · · · · · · ·		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	KIMBERLY M. HENDER	RSON, ESQ.			
		Name of Person	·		
	INSULA COMPANIES				
		Firm/Company			
	50 CENTRAL AVE SUIT	E 970			
		Address			
	SARASOTA, FL 34236				
		City/State and Zip Code			
	KHENDERSON@INSCAI				
For further information of	E-mail address: (concerning this matter, please c	to be used for future annual rep	or notification)		
KIMBERLY M. HEND			000 X 205		
	l Person	at ()	Daytime Telephone Number		
Enclosed is a check for t	he following amount:				
≘ \$ 25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclose	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
Mailing Addres	_	<u>Street Addr</u> Registratio	ress: on Section		
Division of C		Division o	of Corporations		
P.O. Box 632			e of Tallahassee Ionroe Street, Suite 810		
Tallahassee,	FL 32314	Z413 N. IV	TOTALOG SELECT SELECTED IN		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

	О	F		B M
FL FRUITVILLE, LLC				
(Name of the Limit	ed Liability Compa (A Florida Limited l	ny as it now appears on our reco	ords.)	- To 100
The Articles of Organization for this Limited Li Florida document number L22000059557		• • •	3, 2022	and assigned.
This amendment is submitted to amend the following	owing:			
A. If amending name, enter the new name of	f the limited liab	ility company here:		
The new name must be distinguishable and contain the w	ords "Limited Liabi	lity Company," the designation "L	I.C" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applic	able:			<u> </u>
(Principal office address MUST BE A STREET ADDRESS)		50 CENTRAL AVE SUITE	970	
		SARASOTA, FL 34236		
Enter new mailing address, if applicable:		50 CENTRAL AVE SUITE	970	
(Mailing address MAY BE A POST OFFICE	<u>BOX)</u>	SARASOTA, FL. 34236	970	
		5/K/A5O 1/A, PL 34230		
B. If amending the registered agent and/or ragent and/or the new registered office address		nddress on our records, <u>ent</u>	er the n	ame of the new registered
Name of New Registered Agent:	INSULA APAI	RTMENT MANAGEMENT, L	.L.C	
New Registered Office Address:	50 CENTRAL	AVE SUITE 970		_
		Enter Florida street add	ress	
	SARASOTA		Florida	34236
	-	Ciţy		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

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
			□Add
			□ Remove
			□ Change
			□ Remove
			□Change
			□ Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			Change
			□Add
			□Change

	ARTICLE III
	THE COMPANY SHALL BE MANAGER MANAGED. ITS SOLE PURPOSE SHALL BE TO OWN.
	OPERATE, MANTAIN SOTO APTS FKA TRI PAR APTS, LOCATED IN SARASOTA, FLORIDA
	AND SUCH OTHER NECESSARY, INCIDENTAL AND LAWFUL ACTS.
an e ote:	tive date, if other than the date of filing:
	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the filed.
atec	APRIL 4 2022

Filing Fee: \$25.00

Typed or printed name of signee