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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • 45ax (850) 222-1222

FL FRUITVILLE CLASS A, LLC	
	Art of Inc. File
	LTD Partnership File
	Foreign Corp. File
	L.C. File
	Fictitious Name File
	Trade/Service Mark
	Merger File
	Art, of Amend, File
	RA Resignation
	Dissolution / Withdrawal
	Annual Report / Reinstatement
	Сеп. Сору
	Photo Copy
	Certificate of Good Standing
	Certificate of Status
	Certificate of Fictitious Name
	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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FL FRUITVILLE CLASS A, LLC

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

(A Florida Limited I	hability Company)	· · · · · · · · · · · · · · · · ·	
The Articles of Organization for this Limited Lia Florida document number <u>L22000059664</u>	ability Company	were filed on FEBRUAR	and assigned	
This amendment is submitted to amend the follo	wing:		学 長	
A. If amending name, enter the new name of	the limited liab	ility company here:		
The new name must be distinguishable and contain the we	ords "Limited Liabil	ity Company," the designatio	on "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applica	ıble:			
(Principal office address MUST BE A STREET ADDRESS)		50 CENTRAL AVE SU	HTE 970	
		SARASOTA, FL 34236		
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE I	3 <u>ΟΧ)</u>	50 CENTRAL AVE SUITE 970		
		SARASOTA, FL 34236		
B. If amending the registered agent and/or reagent and/or the new registered office address Name of New Registered Agent:	s here:	iddress on our records,		
New Registered Office Address:	50 CENTRAL	AVE SUITE 970		
	Enter Florida street address			
	SARASOTA		, Florida 34236 Zip Code	
		City	Zip Code	
New Registered Agent's Signature, if changing R	egistered Agent:			
I hereby accept the appointment as registered provisions of all statutes relative to the proper accept the obligations of my position as registeeing filed to merely reflect a change in the recompany has been notified in writing of this company has been notified.	r and complete tered agent as p egistered office change.	performance of my dui provided for in Chapter address. I hereby confi	ies, and I am familiar with and 605, F.S. Or, if this document is	

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
			□Add
			Remove
			Change
			□Add
		□Remove	
			Change
			□Add
			□Remove
			□ Change
			□Add
		□Remove	
		<u></u>	Change
			□Remove

TY

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605.020 listed as
after the

Filing Fee: \$25.00

Typed or printed name of signee