

h22000086655

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

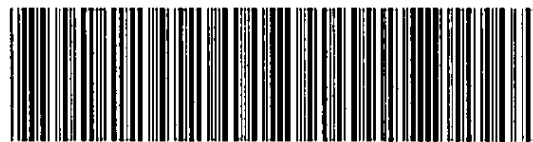
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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22 MAR 14 PM 12:37

T. MATTHEWS

MAR 21 2022

# *Zacur & Graham, P.A.*

*Attorneys and Counselors at Law*

RICHARD A. ZACUR  
OF COUNSEL  
ASHLEY DREW GRAHAM

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TELEPHONE 727-328-1000  
FAX 727-323-7519

PETER D. GRAHAM\*  
\*BOARD CERTIFIED  
REAL ESTATE ATTORNEY

March 11, 2022

**VIA FEDERAL EXPRESS**

Florida Department of State  
Division of Corporations/Amendment to Articles  
2415 N. Monroe Street, Ste 810  
Tallahassee, FL 32303

RE: Your Reference # L22000086655  
102 8th Avenue, LLC - Articles of Amendment

Dear Sir/Madam:

Enclosed please find the executed Articles of Amendment to Articles of Organization of 102 8TH Avenue, LLC., and my firms check in the amount of \$25.00 for filing.

Thank you for your time.

Very truly yours,

ZACUR & GRAHAM, P.A.



PETER D. GRAHAM

PDG/sm  
Enclosure  
cc: client

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** 102 8TH AVENUE, LLC

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Julie Scardina, Paralegal

\_\_\_\_\_  
Name of Person

Baker Donelson

\_\_\_\_\_  
Firm/Company

100 Light Street

\_\_\_\_\_  
Address

Baltimore, Maryland 21202

\_\_\_\_\_  
City/State and Zip Code

brandon@techtravel.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Julie Scardina

410 862-1041  
at ( )

\_\_\_\_\_  
Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 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 Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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

22 MAR 14 PM 12:37

102 5TH AVENUE, LLC

(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 Company were filed on 2/18/2022 and assigned  
Florida document number L22000086655.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and contain the words "Limited Liability 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)

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

City, Florida 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>	<u>Address</u>	<u>Type of Action</u>
MGR	Peter D. Graham	5200 Central Avenue	<input type="checkbox"/> Add
		St. Petersburg, FL 33707	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Brandon Tecklenburg	4219 Gulf Boulevard, St. Pete Beach, FL 33706	<input checked="" type="checkbox"/> Add
		St. Pete Beach, FL 33706	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

(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 605.0207 (3)(b)

If the record 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 record is filed.

Attest J. S. Siskam

Peter D. Graham

**Filing Fee: \$25.00**