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(Requestor's Name)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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8/29/24



## **COVER LETTER**

TO:

P.O. Box 6327

Tallahassee, FL 32314

	Registration Se Division of Cor			
emptec	•1	ommons, LLC		
SUBJEC	l:	Name of Lin	tited Liability Company	
The enclo	sed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please reti	urn all correspo	ondence concerning this matter	to the following:	
		Jennifer Scher		
			Name of Person	
		SSG Commercial LLC		
			Firm/Company	
		204 N Howard Ave		
			Address	
		Tampa, FL 33606		
			City/State and Zip Code	
		jennifer@ssgcommercial.c		
Dan Camba	. !F		to be used for future annual report notification)	
		oncerning this matter, please o	an:	
Jennifer S			813 485-9025 at ()	
	Name o	f Person	at () Area Code Daytime Telephone	Number
Enclosed i	is a check for th	ne following amount:		
\$25,00	0 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	60.00 Filing Fee. Certificate of Status & Certified Copy additional copy is enclosed)
	<u> 1ailing Addres</u> Registration S		<u>Street Address:</u> Registration Section	, î
	Division of C		Division of Corporations	;

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Interbay Commons, LLC		
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Plorida document number 1.22000098039	were filed on March 9, 2022	and assigned
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" or the	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
D. A		
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 office	address on our records, enter the	name of the new regist
agent and/or the new registered office address here:		
News of New Desigtand Assert		
Name of New Registered Agent:		_
New Registered Office Address:	Enter Florida street address	
	Elonia.	0
	Florida City	aZip Code
New Registered Agent's Signature, if changing Registered Agent	<u>:</u>	200
I hereby accept the appointment as registered agent and ag provisions of all statutes relative to the proper and complet	ree to act in this capacity. I furthe e performance of my duties, and I	r agree to comply with

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, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
Manager	Omar Garcia	1041 Royal Pass Road	≅Add
		Tampa, FL 33606	
			Change
Manager	Jennifer Scher	204 N Howard Ave	□ Add
		Tampa, FL 33606	≅Remove
Manager	Jarrod Bray	204 N Howard Ave	□Add
		Tampa, FL 33606	■Remove
			□Change
Manager	SSG Commercial LLC	204 N Howard Ave	DAdd
		Tampa, FL 33606	
			□ Change
			□Add
			□Remove
			☐Changei
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Filing Fee: \$25.00