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SECRETARY OF STATE

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APR 2 0 2022

COVER LETTER

TO:

Registration Section

Division of Cor	porations			
SUBJECT: S.	AINT PETE L	ANDING LLC ited Liability Company		
	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:		
	_			
	S	Some of Person	<u> </u>	
		Name of Person		
		Firm/Company		
	400 48-12	S+ XI		
	420 48-13	Address	 	
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	Saint itto	Sburs, FL 3 Chy/State and Zip Code	3.3 // -	
		ns 146 hot mail.		
	E-mail address: (to be used for future annual report noti	fication)	
For further information c	oncerning this matter, please ca	all:		
Scottwi	Hiams	503 970	-8125	
	f Person	at (<u>503</u>) <u>770</u> Area Code Daytim	e Telephone Number	
Enclosed is a check for th	ne following amount:			
\$\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)	
<u>Mailing Addres</u> Registration 5		<u>Street Address:</u> Registration Se	ction	
Division of C	Corporations	Division of Corporations		
P.O. Box 632 Tallahassee, I			The Centre of Tallahassee 2415 N. Monroe Street, Suite 810	
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Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

OF

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SAINT PETE LANIN CRECKETARY OF STATE
(Name of the Limited Liability Company as it now appears on our Total LAHASSEE, FL
(A Florida Limited Liability Company)

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 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
AR	Niels Andersen	3805 Gulf Blvd, #402	□Add
		St Pete Beach, FL 33701	<u>l</u> XRemove
			□Change
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			□Add
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ote:	e date, if other than the date of filing:
record Lis til	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 l.
ated _	March 22 20.22
	March 22 20.22 Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member
	Scott Williams Typed or printed name of signee