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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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FILED
SECRETARY OF STATE
CORPORATIONS

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COVER LETTER

Registration Section

TO:

Division of Co	rporations		
Bartow US	98 LLC		
SUBJECT:	y 1 Name of Lin	nited Liability Company	<u> </u>
	Name of Limited Liability Company e enclosed Anicles of Amendment and fee(s) are submitted for filing. ase return all correspondence concerning this matter to the following: Joe Kimaz		
The enclosed Articles of			
Please return all correspond	ondence concerning this matter	to the following:	
	1 17:		
	Joe Kimaz		
		Name of Person	
		Fign/Company	
	4043 Jill Place	Time Company	
		A discour	
		Address	
	Encino, CA 91436		
		City/State and Zip Code	
	-		
	E-mail address: (to be used for future annual report noti	fication)
For further information c	oncerning this matter, please c	all:	
Joe Kimaz	Name of Person		
Name o	f Person		e Telephone Number
Enclosed is a check for th	ne following amount:		
■ \$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
Registration S Division of C P.O. Box 632	Section orporations 7	Registration Sec Division of Cor The Centre of T	porations fallahassec e Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Bartow US 98 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 $\underline{\text{May }18.2022}$ and assigned Florida document number Laa 000 a 3337.5 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." 4043 Jill Place Enter new principal offices address, if applicable: Encino, CA 91436 (Principal office address MUST BE A STREET ADDRESS) 4043 Jill Place Enter new mailing address, if applicable: Encino, CA 91436 (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

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
MGR	Craig Shewfelt	7901 4th Street N. Suite 300	□ Adđ
		St. Petersburg, FL 33702	≣Remove
			☐ Change
AMBR	Eric Shewfelt	7901 4th Street N. Suite 300	□Add
		St. Petersburg, FL 33702	■ Remove
			Change
MGR	Joe Kimaz	7901 4th Street N. Suite 300	■Add
		St. Petersburg, FL 33702	□Remove
			Change
AMBR	Jacqueline Kimaz	7901 4th Street N. Suite 300	≣Add
		St. Petersburg, FL 33702	Remove
			□Change
			□Add
			□Remove
			□ A dd
			□Remove
			□ Change

		
		
<u>te:</u> It`t	date, if other than the date of filing:	,020 ed a
cord sp s filed.	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after	the
ed	July 22 . 2022	

Filing Fee: \$25.00