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Division of Corporations

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From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 : (307)200-2803

Fax Number : (855)330-1010

nter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SOCIETY BISCAYNE CONDO 2312, LLC

Certificate of Status	0
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T. LEMIEUX

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

## SOCIETY BISCAYNE CONDO 2312, 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 $\underline{06/22/2022}$ and assigned Florida document number L22000283951 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 "LLC." 7901 4th St N STE 300 Enter new principal offices address, if applicable: St. Petersburg FL 33702 (Principal office address MUST BE A STREET ADDRESS) 7901 4th St N STE 300 Enter new mailing address, if applicable: St. Petersburg FL 33702 (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: Registered Agents Inc. Name of New Registered Agent: 7901 4th St N STE 300 New Registered Office Address: Enter Fiorida street address

## New Registered Agent's Signature, if changing Registered Agent:

41

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.

St. Petersburg

David K Boosts

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

Title	<u>Name</u>	<u>Address</u>	Type of Action
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If amendi	ing any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Note: If the	date, if other than the date of filing:
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Dated	04/26 2023
	Signature of a member or authorized representative of a member
	ROBIN JONES
	Typed or printed name of signee