Page: 1 of 5

From: William Lazenby

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000243484 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : ELLISON LAZENBY PLLC

Account Number : I20150000059 Phone : (727)362-6151 : (727)362-6131 Fax Number

Enter 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 2100 RE HOLDING LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

T. LEMIEUX

To:

Fax: (850) 617-6383

07/18/2022 3:32 PM H22000243484 3 Page: 2 of 5

COVER LETTER

то:	Registration Sec Division of Corp				
SUBJE		OLDING LLC			
O() DJ E	C1:	Name of Limi	ited Liability Company		
The enc	losed Articles of a	Amendment and fee(s) are sub-	mitted for filing.		
Please r	eturn all correspo	ndence concerning this matter	to the following:		
				<u>.</u>	
			Name of Person		
		Ellison & Lazenby, PLLC			
Firm/Company					
		150 2nd Ave. N., Suite 17	70		
	Address				
		St. Petersburg, FL 33701 City/State and Zip Code admin@elattorneys.com			
		E-mail address: (to be used for future annual report notif	ication)	
For furt	ther information c	oncerning this matter, please c	all:		
Angeli	que Boucher		727 362-6151		
	Name o	f Person	Area Code Daytime	: Telephone Number	
Enclose	ed is a check for th	ne following amount:			
□ \$2 <i>:</i>	5.00 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)	
			S		

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

Fax: (850) 617-6383

Page: 3 of 5

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2100 RE HOLDING LLC		
(Name of the Limited L (A F	iability Company as it now appears on our records.) lorida Limited Liability Company)	
The Articles of Organization for this Limited Liabil	ity Company were filed on	and assigned
Florida document number L22000300680	 '	
This amendment is submitted to amend the following	ng:	
A. If amending name, <u>enter the new name of the</u>	e 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	e:	
(Principal office address MUST BE A STREET A	DDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO.	<u></u>	
	•	6 7
B. If amending the registered agent and/or regis	stered office address on our records, <u>enter the</u> oro:	name of the new registe
agent and/or the new registered office andress in	<u></u> .	
Name of New Registered Agent:		SS: 8
New Registered Office Address:		THE AM
	Enter Florida street address	9: 32 1/4 E 0RID#
-	, Floric	Ia 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

From: William Lazenby Fax:

Fax: 17273626151

To:

Fax: (850) 617-6383

Page: 4 of 5

07/18/2022 3:32 PM

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

H22000243484 3

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Scott R. Jeeves	2132 CENTRAL AVE	■∧dd
		ST. PETERSBURG, FL 33712-1256	Remove
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<u></u>			□Add
		<u> </u>	□ Remove
			□Chance

From: William Lazenby

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Fax: (850) 617-6383

Effective date, if other than the date of filing:					
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 Note: If the date inserted in this block does not meet the applicable stanutory filing requirements, this date will not be listed as locument's effective date on the Department of State's records. The specific and clayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the dis filed. Signature of a monitor or tallier ized representative of a member					_
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