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Registration Section

TO:

Division of Cor	rporations		
	etersburg, LLC	•	
SUBJECT:	Name of Lin	uted 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:	
	Chad T. Orsatti, Esq.		
	-	Name of Person	-
	Orsatti & Associates, P.A.	ı	
		Firm Company	
	2925 Alternate 19 North, S	Suite B	
		Address	
	Palm Harbor, Florida 3468	3	
		City/State and Zip Code	
	chad@orsattilaw.com E-mail address: (to be used for future annual report not	ification)
For further information c	oncerning this matter, please c	·	,
Chad T. Orsatti		727 772-9060	
Name o	f Person	at () Area Code Daytin	ne Telephone Number
linelosed 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 S		<u>Street Address:</u> Registration Se	ection
Division of C P.O. Box 632	orporations	Division of Cor	rporations
Tallahassee, F		The Centre of T 2415 N. Monro	raffahassee e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF.

8435 ST. PETERSBURG, LLC

(<u>Name of the Limited Liability C</u> (A Florida Lin	ompany as it now appears on our records.) inted Liability Company)	<u>_</u>
The Articles of Organization for this Lunited Liability Com- Florida document number L22000376292	pany were filed on August 26, 2022	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
he new name must be distinguishable and contain the words "Limited.	Libitor Communication of the C	
	Liaonity Company. The designation "LLC" or the abb	reviation "L.L.C."
Inter new principal offices address, if applicable:		
<u>Principal office address MUST BE A STREET ADDRES.</u>	<u> </u>	
nter new mailing address, if applicable:	Post Office Box 3011	
Mailing address MAY BE A POST OFFICE BOX)	Clearwater Beach, Florida 33767	
. If amending the registered agent and/or registered off gent and/or the new registered office address here:	ice address on our records, <u>enter the name</u>	of the new regis
	TAX	202
Name of New Registered Agent:	- '	200
New Registered Office Address:	A A S S	7 28
	Enter Florida street address me	A M
	City Or	Zip Code
ew Registered Agent's Signature, if changing Registered Age	ent:	~

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
MGR	Lauren M. Ginsberg	2925 Alternate 19 N., Suite B. Palm Harbor, FL 3463	83 □ Add
			■Remove
			Change
MGR	Dargevies Enterprises, LLC	Post Office Box 3011, Clearwater Beach, FL 33767	■Add
		 	∐Remove
			Change
			UAdd
			∐Remove
			□Change
			\BAdd
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Effective date, if of	her than the date of tilin	October 26, 2022	(0	optional)
(If an effective date is list Note: If the date ins	ed, the date must be specific an	id cannot be prior to date of meet the applicable stati		after filing.) Pursuant to 605.020 , this date will not be listed a
he record specifies a dord is filed.	clayed effective date, but no	ot an effective time, at 12	2:01 a.m. on the earlier o	f: (b) The 90th day after th
October 26		2022		
Dated		· , _ ·		

Typed or printed name of signee