L22000381266

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01/30/23

NAME: 410 GULF IRB RENTAL, LLC

TYPE OF FILING: AMENDMENT

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AUTHORIZATION: ABBIE/PAUL HODGE

COVER LETTER

Registration Section

Division of Corporations

TO:

41 LD LD CM	IRB RENTAL, LLC				
SUBJECT:	Name of Lin	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:			
	Vera Anderson				
		Name of Person			
		Firm/Company			
	617 7th St N				
		Address			
	St Petersburg FL 33701				
	vera.anderson2010@gmail.	City/State and Zip Code			
		to be used for future annual report not	ification)		
For further information c	oncerning this matter, please c	all:			
Vera Anderson		312 206-1060 at ()			
Name o	f Person	Area Code Daytin	Daytime Telephone Number \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed) ress: on Section of Corporations rest		
Enclosed is a check for the	ne following amount:				
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy		
Mailing Address Registration S Division of C	Section Forporations		rporations		
P.O. Box 632 Tallahassee, 1			The Centre of Tallahassee 2415 N. Monroe Street. Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



2023 JAN 30

410 GULF IRB RENTAL, 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 Aug 30, 2022	and assig
Florida document number L22000381266		
Florida document number L.22000381266 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 410 Gulf IRB, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (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 reagent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:		
A. If amending name, enter the new name of the li	mited liability company here:	
410 Gulf IRB, LLC		
The new name must be distinguishable and contain the words "Li	imited Liability Company," the designation "LLC" or	the abbreviation "L.L.C
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADE	ORESS)	
(Mailing address MAY BE A POST OFFICE BOX)	red office address on our records, enter the	name of the new res
		manie or the new reg
Name of New Registered Agent:		
New Registered Office Address:	g name, enter the new name of the limited liability company here: LC State distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC" cipal offices address, if applicable: e address MUST BE A STREET ADDRESS) ling address, if applicable: ES MAY BE A POST OFFICE BOX) g the registered agent and/or registered office address on our records, enter the name of the new receive new registered office address here:	
	Enter Florida street address	
	Florid	
	City	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 witprovisions 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

DocuSign Envelope ID: 54E5524E-7F8C-4E29-886B-A7F4513300F8
IT amending Authorized rerson(s) authorized to manage, enter the title, name, and address of each person 1
or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of
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			□Remo
			□Chang
			□Add
			□Remove
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ffective date, if other than the an effective date is listed, the date mus sote: If the date inserted in this blocument's effective date on the Defective date.	st be specific and cannot be p ock does not meet the ap	prior to date of filir oplicable statutor	ig or more than 90 days	optional) s after filing.) Pursuant s, this date will not b	to 60 e lis
record specifies a delayed effectived is filed.	e date, but not an effecti	ve time, at 12:01	a.m. on the earlier	of: (b) The 90th day	y afte
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