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COVER LETTER

TO: Registration Se Division of Cor					
iStroll St. F	Pete, LLC				
SUBJECT:	Name of Lim	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:			
	Alana Reeves				
		Name of Person	·		
	iStroll St. Pete, LLC				
		Firm/Company			
	2850 34th St N #1152				
		Address			
	St. Petersburg, FL 3371	3			
		City/State and Zip Code			
	ISTROLLSTPETE@GMA				
		to be used for future annual report noti	fication)		
For further information of	concerning this matter, please c	all:			
Alana Reeves		858 336-8233			
Name (of Person	Area Code Daytim	e Telephone Number		
Enclosed is a check for t	he following amount:				
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
Mailing Addre		<u>Street Address:</u> Registration Se	ction		
Registration Section Division of Corporations		-	Registration Section Division of Corporations		
P.O. Box 6327			The Centre of Tallahassee		
P.O. Box 6327 Tallahassee, FL 32314		The Centre of Tallahassee 2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

IStroll St. Pete, LLC		
(Name of the Limited Liability Compa (A Florida Limited)	inv as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L22000430735	were filed on 10/5/2022	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ollity company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "L.L.C" o	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	2850 34th St N #1152	
(Principal office address MUST BE A STREET ADDRESS)	St. Petersburg, FL 33713	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2850 34th St N #1152 St. Petersburg, FL 33713	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter th	e name of the new registered
Name of New Registered Agent: Alana Reeves		
New Registered Office Address:		
	Enter Florida street address	
	, Flori	ida Zip Code
	Сиу	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

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being addor removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
			Remove
			□ Change
			🗆 Add
			□ Remove
			□Change
			□Add
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			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

		
		
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Note: If the date inserted in the	the date of filing: e must be specific and cannot be prior to date of filing or more than 90 day his block does not meet the applicable statutory filing requirement he Department of State's records.	(optional) s after filing) Pursuant to 605.0207 (2 is, this date will not be listed as th
the record specifies a delayed eff cord is filed.	fective date, but not an effective time, at 12:01 a.m. on the earlier	of: (b) The 90th day after the
Dated April 18	2024	
Jacqu	Signature of a member or authorized representative of a member	
Jacquelyn Crews	_	
	Typed or printed name of signee	

Filing Fee: \$25.00