123000044854

(R	equestor's Name)
(A	ddress)
(A	ddress)
(C	ity/State/Zip/Phone #)
PICK-UP	MAIL MAIL
(B	usiness Entity Name)
(D	ocument Number)
Certified Copies	Certificates of Status
Special Instructions to	o Filing Officer:
	J. HORNE FEB 1 3 2023

Office Use Only



500402121495

02/10/23--01001--020 **25.00

2023 FEB 10 AMII: 2

SECRETARY F

2023 FEB 10 AM 9: 14



C		ORPORATE ACCESS,	When you need ACCESS to the world
:	INC.		236 East 6th Avenue. Tallahassee. Florida 32303 Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666
			WALK IN
			PICK UP: 02/10/2023
		CERTIFIED C	ОРУ
	хx	РНОТОСОРУ	
		CUS	
	xx	FILING	LLC AMENDMENT
1.		1224 IDLEWIL	D SARASOTA LLC ND DOCUMENT #)
2.		(CORPORATE NAME A	ND DOCUMENT #)
3.		(CORPORATE NAME A)	ND DOCUMENT #)
4.		(CORPORATE NAME A)	ND DOCUMENTS #
5.		(CORPORATE NAME AI	ND DOCUMENT #)
		(CORPORATE NAME AN	ND DOCUMENT #)
6.		(CORPORATE NAME AS	ND DOCUMENT #)
	ECIA: STRU	L CTIONS:	

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

ARTICLES OF	AMENDMENT	~
-	O	022
	ORGANIZATION Sign	STATE OF THE STATE
	OF AGE	Partie 10 Miles
1224 IDLEWILD SARASOTA LLC	· 	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)
· · · · · · · · · · · · · · · · · · ·	any as it now appears on our records.) Liability Company)	
(A Florida Limited	Liability Company)	<i>.</i>
The Articles of Organization for this Limited Liability Compan	y were filed on 01/30/2023	and assigned
Florida document number L23000044854		
This amendment is submitted to amend the following:		
This amendment is submitted to afficild the following.		
A. If amending name, enter the new name of the limited lia	<u> bility company here</u> :	
4120 Sarasota Avenue Sarasota LLC		
The new name must be distinguishable and contain the words "Limited Liab	lity Company," the designation "LLC" or the abb	reviation "L.L.C."
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)		. <u></u>
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here.		he name of the i
	<u>.</u>	
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	Zin Code
New Registered Agent's Signature, if changing Registered Agent	·	1, 1000
hereby accept the appointment as registered agent and agr	i	ea to comply with t
rovisions of all statutes relative to the proper and complete	performance of my duties, and I am fa	miliar with and
eccept the obligations of my position as registered agent as	provided for in Chapter 605, F.S. Or, ij	this document is
peing filed to merely reflect a change in the registered office company has been notified in writing of this change.	daaress, I nereby confirm that the timi	ted hability
, J., J.		
If Cha	nging Registered Agent, Signature of New Regi	stered Agent
	İ	

Page of 3

g Authorized Person(s) authorized from our records:	to manage, enter the title, name, an	d address of each person being ad			
MGR = Manager AMBR = Authorized Member					
<u>Name</u>	Address	Type of Action			
		□ Remove			
		□ Change			
		☐ Remove			
		☐ Change			
		Remove			
		Change			
		Remove			
		Change			
		□ Remove			
		Change			
		□ Add			
		□ Remove			
		Change			
	from our records: lanager authorized Member	lanager authorized Member			

D. If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
E. Effect	ive date, if other than the date of filing: (optional)
<u>Note:</u>	fective 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 (If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the nent's effective date on the Department of State's records.
If the re (b) The	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	··
	Claudia Echeverri
	Signature of a member or authorized representative of a member
	Claudia Echeverri
	Typed or printed name of signee
	Typed or printedname of signee