

**123000112661**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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

((H23000120771 3)))



H230001207713ABCX

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  
Fax Number : (727)362-6131

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

RECEIVED  
SECRETARY OF STATE  
TAMPA, FLORIDA

2023 MAR 30 PM 1:24

FILED

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
SOUTH TAMPA CAPITAL INVESTMENTS, LLC**

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 0       |
| Page Count            | 04      |
| Estimated Charge      | \$25.00 |

M. SOLOMON  
MAR 31 2023

H23000120771 3

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

SOUTH TAMPA CAPITAL INVESTMENTS, 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 03/03/2023 and assigned  
Florida document number L23000112661.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the 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:

(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 registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

City

Florida

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

H23000120771 3

DocuSign Envelope ID: A6061BE3-136F-4337-8186-BAE6E36C76B1

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

H23000120771 3

MGR = Manager

AMBR = Authorized Member

| <u>Title</u> | <u>Name</u>             | <u>Address</u>             | <u>Type of Action</u>                      |
|--------------|-------------------------|----------------------------|--|
| MGR          | John Kennedy            | 5700 MARINER ST., UNIT 501 | <input type="checkbox"/> Add               |
|              |                         | Tampa, FL 33609            | <input checked="" type="checkbox"/> Remove |
|              |                         |                            | <input type="checkbox"/> Change            |
| MGR          | EWA HELIOS MANAGER, LLC | 5700 MARINER ST., UNIT 501 | <input checked="" type="checkbox"/> Add    |
|              |                         | Tampa, FL 33609            | <input type="checkbox"/> Remove            |
|              |                         |                            | <input type="checkbox"/> Change            |
|              |                         |                            | <input type="checkbox"/> Add               |
|              |                         |                            | <input type="checkbox"/> Remove            |
|              |                         |                            | <input type="checkbox"/> Change            |
|              |                         |                            | <input type="checkbox"/> Add               |
|              |                         |                            | <input type="checkbox"/> Remove            |
|              |                         |                            | <input type="checkbox"/> Change            |
|              |                         |                            | <input type="checkbox"/> Add               |
|              |                         |                            | <input type="checkbox"/> Remove            |
|              |                         |                            | <input type="checkbox"/> Change            |
|              |                         |                            | <input type="checkbox"/> Add               |
|              |                         |                            | <input type="checkbox"/> Remove            |
|              |                         |                            | <input type="checkbox"/> Change            |

2023 MAR 30 PM 4:24  
STATE OF FLORIDA  
DEPARTMENT OF REVENUE

FILED

H23000120771 3

