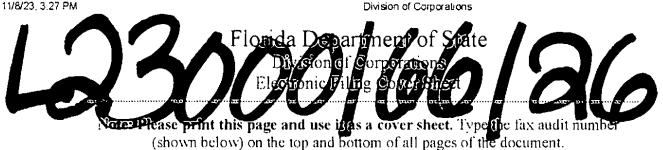
Division of Corporations



(((H23000388434 3)))



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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 : GASSMAN, CROTTY & DENICOLO, P.A.

Account Number : 075350000514

Phone : (727)442-1200

Fax Number : (727)443-5829

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

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN 6075 CEDAR LANE, L.L.C.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

Electronic Filing Menu Corporate Filing Menu

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ARTICLES OF AMENDMENT

ARTICLES OF AMENDMENT
ТО
ARTICLES OF ORGANIZATION
OF

6075 CEDAR LANE, L.L.C.		
(Name of the Limited Liability Company (A Florida Limited Lia	as it now appears on our records.) oility Company)	
The Articles of Organization for this Limited Liability Company w	ere filed on <u>04/07/2023</u>	and assigned
Florida document number L23000166126		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability	y company here:	
8911 CHARLIE WALKER, L.L.C.		
The new name must be distinguishable and contain the words "Limited Liability	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)		
	2000	
B. If amending the registered agent and/or registered office ad	lress on our records, enter the name	
agent and/or the new registered office address here:		2900
Name of New Registered Agent:	<u></u>	
New Registered Office Address:		
	Enter Florida street address	;
	Florida	<u> </u>
	City	'Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete per accept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office accompany has been notified in writing of this change.	erformance of my duties, and I am fa ovided for in Chapter 605, F.S. Or, i	miliar with and Tthis document is

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

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	CALVIN J. GRUBER	1245 COURT STREET	□Add
		CLEARWATER, FL 33756	■Remove
			□Change
MGR	ROBERT D. GRUBER	1245 COURT STREET	≣ Add
		CLEARWATER, FL 33756	□Remove
			□Change
			□Add
		· · · · · · · · · · · · · · · · · · ·	□Remove
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Audit Fax# H23000388434 3

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