L23000270288

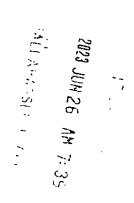
| (Requestor's Name) |
|---|
| (Address) |
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COVER LETTER

| TO: | Registration So Division of Con | ection . rporations | | |
|---------|------------------------------------|---|--|---|
| CITDII | rct. | 3256 39 | 9th St S, LLC | |
| SUBJI | ECT: | Name of Lim | ited Liability Company | |
| | | | | |
| | | `Amendment and fee(s) are sub | - | |
| Please | return all correspo | ondence concerning this matter | to the following: | |
| | | | Brenden S. Moriarty | |
| | | | Name of Person The Moriarty Law Firm, P.A. | |
| | | T | ne Moriarty Law Firm, P.A. | |
| | | | Firm/Company | |
| | | 100 | Third Avenue West, Suite 650 | |
| | | | Address | |
| | | В | radenton, Florida 34206 | |
| | | | City/State and Zip Code | |
| | | | oriarty@suncoastlegalgroup.com to be used for future annual report not | (15.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1. |
| For fur | rther information o | concerning this matter, please or | · | meanon |
| | en S. Moriarty | • | 941 749-0075 | |
| | Name o | of Person | at () Area Code Daytin | ne Telephone Number |
| Enclos | ed is a check for t | he following amount: | | |
| | 5.00 Filing Fee | S30.00 Filing Fee & Certificate of Status | S55.00 Filing Fee & Certified Copy (additional copy is enclosed) | ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| | Mailing Addres | | Street Address: | |
| | Registration Division of C | | Registration Se Division of Cor | |
| | P.O. Box 632 | | The Centre of T | |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

OF 2023 JUH 26 AM 7: 39

| | 3256 39th St S., LLC | 2011 58 | AH 7:35 |
|--|---|-----------------------------|--------------------------|
| (Name of the Limited L (A F | iability Company as it now apper lorida Limited Liability Company) | ars on our records.), . | r i |
| The Articles of Organization for this Limited Liabil Florida document number <u>L23000270288</u> | | June 5, 2023 | and assigned |
| This amendment is submitted to amend the following | ng: | | |
| A. If amending name, enter the new name of the | e limited liability company h | <u>iere</u> : | |
| The new name must be distinguishable and contain the words | "Limited Liability Company." the | designation "L.L.C" or the | ne abbreviation "L.L.C." |
| Enter new principal offices address, if applicable | e: | · - | |
| (Principal office address MUST BE A STREET A | DDRESS) | | |
| | | | |
| Enter new mailing address, if applicable: | | | |
| (Mailing address MAY BE A POST OFFICE BO. | <u> </u> | | |
| | | | <u>.</u> |
| B. If amending the registered agent and/or regis agent and/or the new registered office address h | | records, <u>enter the i</u> | name of the new register |
| Name of New Registered Agent: | | | |
| New Registered Office Address: | Enter Fla | orida street address | |
| | | . Florida | 1 |
| - | 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 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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | <u>Address</u> | Type of Action |
|--------------|----------------------------|--------------------------|----------------|
| AMBR | Collene D. Hayes | 5996 Hibiscus Drive | |
| | | Bradenton, Florida 34207 | ■Remove |
| | | | □ Change |
| AMBR | The Collene D. Hayes Trust | 5996 Hibiscus Drive | = Add |
| | | Bradenton, Florida 34207 | □Remove |
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| Effective date, if other than a liften effective date is listed, the date Note: If the date inserted in this document's effective date on the | s block does not i | meet the applic | able statutory fi | | | |
| e record specifies a delayed efferd is filed. | etive date, but no | it an effective ti | me, at 12:01 a.i | n. on the earlier | of: (b) The 90 | h day after the |
| Dated | چەسى | 2023 | —· | , | | |
| | | | 11/1 K | land | | |
| | Signature of a | member or author | orized representat | ive of member | | |
| | | | | - | | |

Filing Fee: \$25.00