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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LEGALZOOM.COM INC.

Account Number : I20010000062 Phone : (323)962-8600 Fax Number : (323)389-0502

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

Email Address:	
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN TREASURE ISLAND PROPERTIES LLC

Certificate of Status	0
Certified Copy	1
Page Count	05
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JUL 25 2023

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ČOVER LETTER

TO: Registration Section
Division of Corporations

TREASURE ISLAND PROPERTIES LLC

SUBJECT:

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

	Cheyenne Moseley		
		Name of Person	
	Legalzoom.com, Inc.		
	<u></u>	Firm/Company	
	101 N Brand Blvd 11th Fl		
		Address	· · · · · · · · · · · · · · · · · · ·
	Glendale, CA 91203		
	deankarampelas@att.net	City/State and Zip Code	
	E-mail address: (t	o be used for litture annual report no	nification)
For further information	concerning this matter, please en	ill:	
Cheyenne Moseley		800 773-0888	
Name	of Person		ne Telephone Number
Enclosed is a check for	the following amount:		
□ S25.00 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 ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 To:

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF.

15125973041

(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 06/21/2023 Florida document number L23000299288 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" of the abbreviation of the limited Liability Company of the designation "LLC" of the abbreviation of the limited Liability Company of the designation of the abbreviation of the abbreviation of the limited Liability Company of the designation of the abbreviation of the abbreviation of the abbreviation of the limited Liability Company of the designation of the abbreviation of the abbreviation of the abbreviation of the abbreviation of the limited Liability Company of the designation of the abbreviation of the abbreviation of the abbreviation of the limited Liability Company of the designation of the abbreviation of the abbreviation of the limited Liability Company of the designation of the abbreviation of the limited Liability Company of the limited Liabili	_ and assigned
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Enter new principal offices address, if applicable:	
• •	viation "L.L.C."
Principal office address MUST BE A STREET ADDRESS)	
	
	
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	
3. If amending the registered agent and/or registered office address on our records, enter the	e name of th
egistered agent and/or the new registered office address here:	5693
	´=
Name of New Registered Agent:	· ·
New Registered Office Address: EnterFloridastreeraddress	
	. `
. Florida . · · · · · · · · · · · · · · · · · ·	. 2

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

To:

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>	Address	Type of Action
MGR	Dean Theodore Karampelas	450 Treasure Island Causeway, Apr. 212, Treasure Island, FL 33706	Add
		· · · · · · · · · · · · · · · · · · ·	Remove
			Change
			Remove
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			□ Remove
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P 9	Dated _	July 4 2023.
- later / Congles		Signature of a member or authorized representative of a member
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Filing Fee: \$25.00