## L23000355649

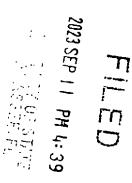
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## **COVER LETTER**

Registration Section

**Division of Corporations** 

TO:

COLUMN TO A LOCATED	Properties LLC			
SUBJECT:	Name of Lin	uted Liability Company	<del></del>	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Andrea Bone			
		Name of Person		
	Accounting & Business Pa	artners LLC		
		Firm/Company		
	10730 102nd Ave			
		Address		
	Seminole, FL 33778			
		City/State and Zip Code		
	E-mail address: (	to be used for future annual report not	fication)	
For further information of	concerning this matter, please c	all;		
Andrea Bone		727 828-9945		
Name of Person		at () Area Code Daytim	e Telephone Number	
Enclosed is a check for the	he following amount:			
■ \$25.00 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 Addres Registration 9		<u>Street Address:</u> Registration Se	ction	
Division of C	Corporations	Division of Cor	Division of Corporations	
P.O. Box 632		The Centre of T		
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Robin DI Properties 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 July 27, 2023 and assigned Florida document number <u>L23000355649</u> 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 "L.I.C." or the abbreviation "L.I.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 . Florida City

## 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

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

Marie Marie Landing

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	James Treischmann	190 Blanca Ave, Tampa, FL 33606	≣Add
			□Remove
			[]Change
		<del></del>	□Add
			[]Remove
			□ Change
			□Add
			□Remove
			[]Change
			🗆 \[ \int \Lambda \]
	·		
			□Change
		<del></del>	🗆 Add
			□Remove
			LlChange
<del></del>	·····		DAdd
			□Remove
			[] Change

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			<del></del>
Effective date, if other than the date is listed, the date in Note: If the date inserted in this document's effective date on the	ust be specific and cannot be prior to block does not meet the applica	o date of filing or more than 90 day	(optional) is after filing.) Pursuant to 605.0207 (3 its, this date will not be listed as the
he record specifics a delayed effect ord is filed.	ve date, but not an effective tin	ne, at 12:01 a.m. on the earlier	of: (b) The 90th day after the
	2023		
Dated 15 August	,	- ·   _	
Dated	Polen -	ized representative of a member	

Filing Fee: \$25.00