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Blalock Walters 941 745 2093 >> 850-617-6381

Flowida Department of State

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DIVISION OF COLOCIACONS

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2023-10-26 12:10

10/26/23, 12:08 PM

Division of Corporations Fax Number : (850)617-6383

From:

| Account Name   | : BLALOCK, WALTERS, HELD & JOHNSON, P.A. | :         |
|----------------|--|-----------|
| Account Number | : 076656003611                           | ĥ         |
| Phone          | : (941)748-0100                          |           |
| Fax Number     | : (941)745-2093                          | د<br>نـــ |

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

Email Address: EPEnningtona blalack watters com

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN BLDG 400 UNIT 22, LLC

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

Electronic Filing Menu Corporate Filing Menu

Help

P 1/5

1.10

**SUBJECT:** 

## Blalock Walters 941 745 2093 >> 850-617-6381 COVER LETTER

(((H230003738033)))

1.

| TO: | Registration Section     |
|-----|--------------------------|
|     | Division of Corporations |

BLDG 400 UNIT 22, LLC

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:

EILEEN PENNINGTON

Name of Person

BLALOCK WALTERS, P.A.

Firm/Company

802 11TH STREET WEST

Address

BRADENTON, FLORIDA

City/State and Zip Code

epennington@blalockwalters.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Enclosed is a check for the following amount:

S25.00 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)

<u>Mailing Address:</u> Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

| 2023-10-26 12:10 |
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|------------------|

## Blalock Walters 941 745 2093 >> 850-617-6381 P 3/5 ARTICLES OF AMENDMENT ((( H 23000 3738 B))) TO ARTICLES OF ORGANIZATION OF

| BLDG 400 UNIT 22, LLC  |  |  |  |  |
|--|--|--|--|--|
| (Name of the Limited Linhility Company as it now appe<br>(A Florida Limited Liability Company)                                   | ars on our records.)                     |  |  |  |
| The Articles of Organization for this Limited Liability Company were filed on $\frac{1}{2}$                                      | 0/09/2023 and assigned                   |  |  |  |
| Florida document number <u>L23000463546</u>  |  |  |  |  |
| This amendment is submitted to amend the following:  |  |  |  |  |
| A. If amending name, enter the new name of the limited liability company here:   |  |  |  |  |
| BLDG 400 UNIT 222, LLC   |  |  |  |  |
| The new name must be distinguishable and contain the words "Limited Liability Company," the                                      |  |  |  |  |
| Enter new principal offices address, if applicable:  | · · · · · · · · · · · · · · · · · · ·    |  |  |  |
| (Principal office address MUST BE A STREET ADDRESS)  | <u> </u>                                 |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| Enter new mailing address, if applicable:  |  |  |  |  |
| (Mailing address MAY BE A POST OFFICE BOX)   | C  |  |  |  |
|  |  |  |  |  |
| B. If amending the registered agent and/or registered office address on our agent and/or the new registered office address here: | records, enter the name of the new regis |  |  |  |
|  |  |  |  |  |
| Name of New Registered Agent:  |  |  |  |  |
| New Registered Office Address:   |  |  |  |  |

Enter Florida street address

\_, 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.

City

## 2023-10-26 12:11 Blalock Walters 941 745 2093 >> 850-617-6381 P 4/5

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   | <u><b>Type of Action</b></u> |
|--------------|-------------|-----------|------------------------------|
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|              |             |           | 🗆 Remove                     |
|              |             |           | Change                       |

P 5/5

D. If amending any other information, enter change(s) here: (Attach additional sheets. if necessary.)

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(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(5) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

October 26 Dated

2023

Mattle J. Fymin

Signature of a member or authorized representative of a member

Matthew J. Lapointe

Typed or printed name of signee

Filing Fee: \$25.00