L24 000 088 479

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COVER LETTER

	gistration Servision of Corp			
SUBJECT:		St East, Suite B, LLC		
SOBJECT		Name of Lim	ited Liability Company	
The encloses	d Anticles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspon	ndence concerning this matter	to the following:	
		Stephen Grossman		
			Name of Person	<u> </u>
			Firm/Company	
		1330 Main St., Apt. 6		
			Address	
		Sarasota, FL 34236		
		· · · · · · ·	City/State and Zip Code	
		slg183@verizon.net		
			to be used for future annual report notific	ation)
For further in	nformation co	oncerning this matter, please co	all:	
Stephen Gro	ossman		973 919-4736	
	Name of	Person	at () Area Code Daytime '	Telephone Number
Enclosed is a	a check for th	e following amount:		
≡ \$25.00 I	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)
	iling Address		Street Address: Registration Sect	ion

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

6721 33rd St East, Stiffe B, LLC					
(Name of the Limit	ted Liability Company as it now appear (A Florida Limited Leability Company)	z on one records.)			
The Articles of Organization for this Limited L. Clorida document number L24000088479	iability Company were filed on Fet	onuary 21, 2024	tine	d assig	ned
his amendment is submitted to amend the foll	owing:				
L. If amending name, enter the new name o	f the limited liability company he	<u>re</u> :			
he new name must be distinguishable and contain the	words "Limited Liability Company," the de	esignation "LLC" or the	abhrevistic	m =[[(c. -
ater new principal offices address, if applic	rable:				
Principal office address MUST BE A STREI	TADDRESS)				
		 		15.5	
				7	
Inter new mailing address, if applicable:			<u> </u>		
Mailing address MAY BE A POST OFFICE	BOX)		<u> </u>	Ġ,	; · ·
				; :: .	
			<u>.</u> .	ĊÜ	
B. If amending the registered agent and/or seent and/or the new registered office addresses		ecords, <u>enter the n</u>	me of th	e pcw	registe
Name of New Registered Agent:	Stephen Grossman				
New Registered Office Address:	1330 Main St., Apt. 6		_		
	Enter Flor	rida street address			
	Samsota	Plorida	34236		
	Cin		7in i	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.

f Changing Registered Agept, 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Guy M. Salani	320 CENTRAL AVENUE, UNIT 333	□Add
		SARASOTA, FL 34236	≡ Remove
			Change
AMBR	Guy M. Salani	320 CENTRAL AVENUE, UNIT 333	□ Add
		SARASOTA, FL 34236	=Remove
			□Change
			□Add
			□Remove
			☐ Change
			□ Add
			□Remove
			□Change
			□Add
			□Remove
			Change
			□Add
			Remove
			Change

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(If so effective) Note: If t	date, if other than the date of filing:
he record spord is filed.	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	10/31 2024. Signifure of a member or authorized representative of a member
	feld 1. Man
	Suprime in a member or annionary representative in a member

Filing Fee: \$25.00