L25000058890

(Re	equestor's Name)	
(Ac	idress)	
(Ac	idress)	
(Ci	ty/State/Zip/Phoni	e #)
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(Bu	isiness Entity Nar	ne)
(Dc	ocument Number)	
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COVER LETTER

	ited Liability Company	·····
	ited Liability Company	······································
Amendment and fee(s) are sub		
, -	mitted for filing.	
ndence concerning this matter	to the following:	
Kenneth I. Morin		
·	Name of Person	
Morin Development LLC		
	Firm/Company	
4923 W. Cypress St.		
	Address	
Tampa, Florida 33607		
	City/State and Zip Code	
ken@tampaglobal.com		· —
·	-	itication)
ncerning this matter, please co	all:	
	813 5054036	
Person	Area Code Daytin	ne Telephone Number
following amount:		
□ \$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)
ection	Street Address: Registration Se	
	Morin Development LLC 4923 W. Cypress St. Tampa, Florida 33607 ken@tampaglobal.com E-mail address: (encerning this matter, please compared to the compare	Name of Person Morin Development LLC Firm/Company 4923 W. Cypress St. Address Tampa, Florida 33607 City/State and Zip Code ken@tampaglobal.com E-mail address: (to be used for future annual report not oncerning this matter, please call: at (

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

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

COVER LETTER

TO: Registration S Division of Co			
SR 52 OP#	8 I.I.C		
	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspond	ondence concerning this matter	to the following:	
	Kenneth I. Morin		
		Name of Person	
	Morin Development LLC		
		Firm/Company	
	4923 W. Cypress St.		
		Address	
	Tampa, Florida 33607		
		City/State and Zip Code	, <u> </u>
	ken@tampaglobal.com		
		to be used for future annual repo	rt notification)
For further information of	concerning this matter, please c	all:	
Kenneth I. Morin		813 505403 at ()	6
Name o	f Person	Area Code D	aytime Telephone Number
Enclosed is a check for t	he following amount:		
≅ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed	Section 1 \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres		Street Addre	
Registration S Division of C		Registratio	n Section Corporations
P.O. Box 632			of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

1-11_ED 2025 FEB 18 AM 9:21

SR 52 OP# 8 LLC		<u> </u>	illiania Linia Oldina
SR 52 OP# 8 LLC (Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on ou ability Company)	r records) = ERITA	SSEE, FLORIDA
The Articles of Organization for this Limited Liability Company v Florida document number <u>L25000058890</u>			_ and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabil	ity company here:		
SR 52 OP NO 8 LLC			
The new name must be distinguishable and contain the words "Limited Liability	ty Company," the designati	ion "LLC" or the abbr	eviation "L.L.C."
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)			
B. If amending the registered agent and/or registered office as agent and/or the new registered office address here:	ddress on our records	s, <u>enter the name</u>	of the new registered
Name of New Registered Agent:			
New Registered Office Address:			
New Rogistered Office Address.	Enser Florida stre	eet address	
		, Florida	
	City		Zip Code
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office of company has been notified in writing of this change.	performance of my di provided for in Chapte	uties, and 1 am Jai er 605, F.S. Or, if	this document is

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
			CJAdd
			Remove
			Change
			□Add
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Effective date, if other than the	t be specific and cannot be prior to date of fill ock does not meet the annionable statuto	(optio ing or more then 90 days after to ry filing requirements, this	Slina - 3 43 4 c . 4 c	 05.0207 (Sted as t
document's effective date on the De				
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document's effective date on the De de la contractive de la contra		l a.m. on the earlier of: (b)	The 90th day aft	er the

Filing Fee: \$25.00