L25000058898

(Requestor's Name)	
(Address)	
(Address)	
(Addiess)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
(Cooling III)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer.	





300444434293

02/18/25--01003--009 **125.00

2025 FEB 18 AM 9: 10

500 St. 1.3 St. 1.3 St. 2.

COVER LETTER

то:	Registration Division of C	Section Orporations		
SUBJEC		P# 6 LLC		
JOBJEC		Name of Lin	nited Liability Company	
The encid	osed Articles	of Amendment and fee(s) are sul	omitted for filing.	
Please re	turn all corres	pondence concerning this matter	to the following:	
		Kenneth I. Morin	Name of Limited Liability Company Indian and fee(s) are submitted for filing. Indian Development LLC Firm/Company 923 W. Cypress St. Address Indian and Address Indian and Indi	
			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	rification)
For furth	er information	concerning this matter, please of	all:	
Kenneth I. Morin				
Name of Person				ne Telephone Number
Enclosed	is a check for	the following amount:		
■ \$2 5.0	00 Filing Fee	S30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy
	Mailing Addr			
	Registration Division of	Section Corporations		
	P.O. Box 63		The Centre of	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

COVER LETTER

	gistration Se vision of Cor			
SUBJECT:	SR 52 OP#	6 LLC		
SUBJECT.		Name of Lim	ited Liability Company	
The encloses	d Articles of	Amendment and fee(s) are sub	emitted for filing.	
Please return	all correspo	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	
		ken@tampaglobal.com		
			to be used for future annual report not	tification)
For further in	nformation c	oncerning this matter, please c	all:	
Kenneth I. N	Mo rin		813 5054036 at ()	
	Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed is a	a check for th	ne following amount:		
≅ \$25.00 I	iling Fee	S30.00 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)
	iling Addres gistration S		Street Address: Registration Se	ection
		orporations	Division of Co	

P.O. Box 6327 Tallahassec, FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2025 FEB 18 AM 9: 10

SR 52 OP# 6 LLC		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) i liability Company)	ALLAHASSEE, FLOR
he Articles of Organization for this Limited Liability Company	were filed on 2/12/2025	and assigned
		
orida document number L25000058898		
nis amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liab	ility company he <u>re</u> :	
R 52 OP NO 6 LLC		
he new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or	the abbreviation "L.L.C."
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		
THE CHILD OF THE BUSINESS OF THE ASIABLE ADDRESS		
inter new mailing address, if applicable:		· · · · · · · · · · · · · · · · · · ·
Muiling address MAY BE A POST OFFICE BOX)		
If amending the registered agent and/or registered office agent and/or the new registered office address here:	iddress on our records, enter the	name of the new registe
gent and/or the new registered office address here.		
Name of New Registered Agent:		
Name of New Registered Agent: New Registered Office Address:		
	Enter Florida street address	
	Enter Florida street address , Flori	daZip Code

I hereby accept the appointment as registered agent and agree to act in this capacity. I further ag 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			Remove
			Change
·			□Add
			CRemove
			Change
			□ Add
			□Remove
			Change
	-		
			□ Remove
			☐ Change
			□Add
			□Remove
		····	☐ Change
			☐ Add
			□Remove
			□Change

								_
								
	 -							-
								_
					-			
								_
								٠-
		 -				<u> </u>		
								
						 1	~3	_
					·····	Ĺ	725	-
	 -		·					_
						HAS:	- - -	_ i
						SEE		[
						FL		Ţ
						<u> </u>	9	-
-					· <u></u>		0	_
Effective date, if other than the fan effective date is listed, the date multiple; If the date inserted in this blocument's effective date on the L	st be specific lock does no	and cannot be p	prior to date of plicable stateds.	filling or more utory filling re	(option than 90 days after quirements, this	onal) filing.) Pur		- 5.0: ted
record specifies a delayed effective fis filed.				2:01 a.m. on t	he earlier of: (b)) The 90ti	h day afle	f (he
e to Jugu.					\ -2		,	104
ated February 14		2025						
		-·	 -					
	•							
		a member or a						

Filing Fce: \$25.00