L25000058911

(Re	equestor's Name)	_
	<u> </u>	
(Ad	ldress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



400444434284

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

2025 FEB 18 AM 9: 07



COVER LETTER

TO:	Registration S Division of Co			
SUBJEC	SR 52 OP	# 2 LLC		
SOBJEC	,li <u></u>	Name of Lin	nited Liability Company	
The encl	osed Articlus of	Amendment and fee(s) are sub	amittad for filing	
		ondence concerning this matter	_	
		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		
		E-mail address: (to be used for future annual report not	ification)
For furth	er information o	concerning this matter, please o	all:	
Kenneth	I. Morin		813 5054036	
	Name c	of Person	at ()	ne Telephone Number
Enclosed	is a check for t	he following amount:		
≡ \$25. 0	00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Addres		Street Address:	action
Registration Section Division of Corporations			Registration Section Division of Corporations	
1	P.O. Box 632	.7	The Centre of 7	•
•	l'allahassee, i	FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

COVER LETTER

	gistration S vision of Co			
SUBJECT:	SR 52 OP#			
SOBILCY,		Name of Lin	nited Liability Company	
The enclose	d Articles of	Amendment and fee(s) are su	omitted for filing.	
		ondence concerning this matter		
		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		
For further in	nformation c	E-mail address: (oncerning this matter, please o	to be used for future annual report no all:	diffication)
Kenneth I. M			813 5054036	
	Name o	f Person	Area Code Daytii	me Telephone Number
Enclosed is a	check for th	ne following amount:		
宫 \$25.00 F	iling Fee	☐ \$30.00 Filing Fee & Certificate of Status	 \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) 	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	ling Address		Street Address: Registration Se	ection
Division of Corporations		Division of Corporations		
	. Box 632' lahassee, F		The Centre of	
ian	ianassee, f	ションコーサ	2415 N. MONTO	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2025 FEB 18 AM 9: 07

SR 52 OP# 2 LLC		
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our reco Liability Company)	INTERNALISTE FLORIDA
The Articles of Organization for this Limited Liability Company Florida document number L25000058911	were filed on 2/12/2025	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	bility company here:	
SR 52 OP NO 2 LLC		
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "L	LC" or the abbreviation "L.L.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 agent and/or the new registered office address here:	address on our records, ent	ter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street ada	tress
		Florida
	City	7ip Code
New Registered Agent's Signature, if changing Registered Agent	<u>ti</u>	

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

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

D. If amending any other information, enter change(s) here: (Attach additional sheets, if no	ecessary.)		
			
			
			
	·		
	<u> </u>	·	
			
	₹:		
		725 F	;
	AHAS		
	ւրն ա		[1]
	FĽORIO,	9	
	DE:	07	
E. Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days of Note: If the date inserted in this block does not meet the applicable statutory filing requirements, the document's effective date on the Department of State's records.	tional) er filing.) Pursua nis date will no	nt to 605,021 t be listed a	07 (3)(b 35 the
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: record is filed.	(b) The 90th (lay after the	e
Dated February 14 2025			
Signature of a member or authorized representative of a member		· · · · · ·	
Kenneth I. Morin			
Typed or printed name of signce			

Filing Fee: \$25.00