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D. BRUCE

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**EXAMINER** 

## **COVER LETTER**

Registration Section
Division of Corporations

TO:

SUBJECT:	1800 PINEL	LAS AVENUE, LLC	
SUBSECT.		ited Liability Company	
The enclosed Articles	of Amendment and fee(s) are su	bmitted for filing.	
Please return all corres	pondence concerning this matte	r to the following:	
		STEVEN TSANGARIS	
		Name of Person	
	TSANGARIS LAW GROUP, PL		
		Firm/Company	
	623 E. TARPON AVENUE		
	•	Address	PR T
	TARI	PON SPRINGS, FL 34689	ASSE CARRY
		City/State and Zip Code	
	STEVE	E@TSANGARISLAW.COM	
	E-mail address:	to be used for future annual report notifica	ion)
For further information	n concerning this matter, please	call:	<b>,5</b>
STE	VEN TSANGARIS	at ( 727 ) 94	<b>15-7529</b>
Namo	e of Person	Area Code & Daytime T	elephone Number
Enclosed is a check for	the following amount:		
\$25.00 Filing Fee	\$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)
Regi Divi: P.O.	LING ADDRESS: stration Section sion of Corporations Box 6327 hassee, FL 32314	STREET/COURIER Registration Section Division of Corporati Clifton Building 2661 Executive Cente	ons

Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

1800 PI	NELLAS A	AVENUE,	LLC			
( <u>Name of the Limited Liab</u> (A Flori	<mark>ility Company</mark> da Limited Lia	as it now ap bility Compar	pears on our re	ecords.)		
The Articles of Organization for this Limited Liabilit	y Company w	ere filed on	DECEMBE	R 12 2011 a	nd assig	ned
Florida document numberL11000139440	·					
This amendment is submitted to amend the following	<b>;</b> ;					
A. If amending name, enter the new name of the l	imited liabili	ty company	here:			
-	NA					
The new name must be distinguishable and end with the "L.L.C."	words "Limited	d Liability Co	mpany," the des	signation "LLC" o	or the abl	breviatio
Enter new principal offices address, if applicable:		NA		24. [2]	<u></u>	
(Principal office address MUST BE A STREET AD	DRESS)			<u> </u>		
			<del></del>	(S) (A)		AMerican
					7	1
Enter new mailing address, if applicable:		NA		<u> </u>	= 1	1.1
(Mailing address MAY BE A POST OFFICE BOX)	1			77 A	É	
				<u> </u>		<del></del>
B. If amending the registered agent and/or registered agent and/or the new registered office a		ce address o	on our record	ls, <u>enter the na</u>	me of	the nev
Name of New Registered Agent: NA	4	<u> </u>			<u>_</u>	
New Registered Office Address:		<u></u>				
			Enter Florida	street address		
			, F	Plorida		
		City		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 608, 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 the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

MGRM = 1	Managing Member		
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR_	SOPHIA RICHARDS	3204 MORGAN JOHNSON RO BRADENTON, FL 34208	DAD
MGR_	STEVEN N TSANGA	ARIS 623 E. TARPON AVENUE TARPON SPRINGS, FL 34689	Add Remove
			AddRemove
			AddRemove
<u></u>			Add Remove
			Add Remove
D. If amen	ding any other information,	enter change(s) here: (Attach additional sheets, if ne	cessary.) 12 APR
			TO THE STATE OF TH
Dated	APRIL 2		S' en
	Seen M.	Tsangais	
	Signature	of a member of a uthorized representative of a member	<del></del>
		STEVEN N. TSANGARIS	
		Typed or printed name of signee	

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Filing Fee: \$25.00