

L15000126159

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

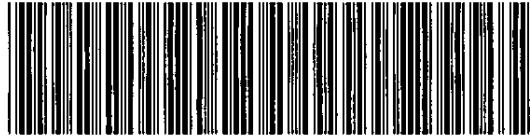
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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TALLAHASSEE, FLORIDA

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 3, 2015

MIKAELA WALTER
704 WEST BAY STREET
TAMPA, FL 33606

SUBJECT: SQUARE ONE TIA LLC
Ref. Number: L15000126159

We have received your document for SQUARE ONE TIA LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with a telephone number where you can be reached during working hours.

COVER LETTER SAYS SQUARE ONE TIA/PAGE ONE SAYS SQUARE ONE WINTER PARK BUT DOCUMENT #L15000126159 IS FOR SQUARE ONE TIA RESUBMIT W/CORRECT DOC#

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Stacey M Mason
Regulatory Specialist II

Letter Number: 515A00016261

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Square One TIA LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Mikaela Walter

Name of Person

Square One Development LLC

Firm/Company

704 West Bay Street

Address

Tampa, FL 33606

City/State and Zip Code

mwalter@sq1bb.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mikaela Walter

813 902-2100 x301

at ()

Name of Person

Area Code

Daytime Telephone 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)

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

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Tia LLC
Square One ~~Winter Park LLC~~

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 07/23/2015 and assigned Florida document number L15000126159.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" 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 address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____

Enter Florida street address

Florida

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 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.

Mkaeb Walter

AUTHORIZATION BY PHONE TO

CORRECT LLC name

DATE 8/1/15

DOC. EXAM SMOSON

If Changing Registered Agent, Signature of Registered Agent

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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>	<u>Type of Action</u>
MGR	Raymond Leich	704 West Bay Street	<input type="checkbox"/> Add
		Tampa, Florida 33606	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	Cleta Corneil	704 West Bay Street	<input type="checkbox"/> Add
		Tampa, Florida 33606	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	Otho Shumate	704 West Bay Street	<input type="checkbox"/> Add
		Tampa, Florida 33606	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

This LLC was incorrectly set up as a member-managed LLC and should be a manager-manager LLC. This amendment is being submitted for this change.

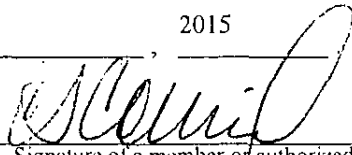
E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated July 28, 2015



Signature of a member or authorized representative of a member

Cleta Corneil

Typed or printed name of signee

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