## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : LEGALZOOM.COM INC.

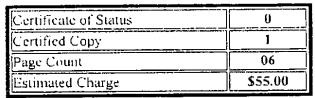
Account Number : T20010000062 Phone : (323) 962-8600

: (323)962-3889 Fax Number

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

Email Address:

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN DISCOVER TAMPA LLC





Electronic Filing Menu

Corporate Filing Menu

M. MILLIGAN AUG 0 6 2018

## COVER LETTER

TO: Registration Division of C	Section Corporations		
	VER TAMPA LLC		
SUBJECT:	Name of Lim	ited Liability Company	<del></del>
The enclosed Articles	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corre	spondence concerning this matter	to the following:	
	Cheyenne Moseley		
		Name of Person	
	Legalzoom.com, Inc.		
	<del></del>	Firm/Company	
	101 N. Brand Blvd., 111	th Floor	
		Address	
	Glendale, CA 91203		
		City/State and Zip Code	
	rhondawilliams@mac.cc	orn (to be used for future annual report not	n (cetton)
For further information	on concerning this matter, please of		,
Cheyenne Moseley	Cheyenne Moseley 800 773-0888 ext. 9724		xt. 9724
Nau	nc of Person	Area Code Daytin	ne Telephone Number
Enclosed is a check I	or the following amount:		
□ \$25,00 Filing Fe	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)
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Taliahassee, FL 32314		STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Huilding 2661 Executive Center Circle	
		Tallahussee, FL 32301	

The state of the s

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

OF	
DISCOVER TAMPA LLC	AUG.
(Name of the Limited Liability Company as it now appears on or (A Florida Lamited Liability Company)	BE LECOLORY)
The Articles of Organization for this Limited Liability Company were filed on 05/29/20	- 1-1-5
Florida document number L18000132132	55 6
This amendment is submitted to amend the following:	<u> </u>
A. If amending name, enter the new name of the limited liability company here:	
Rhonda Riopel Williams LLC	
The new name must be distinguishable and end with the words "Limited Liability Company," the design	ation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Y	
Enter new mailing address, if applicable:	
(Mailing oddress MAY BE A POST OFFICE BOX)	
B. If amending the registered ugent and/or registered office address on our registered agent and/or the new registered office address here:	records, enter the name of the new
Name of New Registered Agent:	
New Registered Office Address:	
Enter Florida sti	out auktruss
	, Florida
City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered ugent and agree to act in this capa provisions of all statutes relative to the proper and complete performance of my accept the obligations of my position as registered agent as provided for in Chapbeing filed to merely reflect a change in the registered office address, I hereby company has been notified in writing of this change.	hities, and I am familiar with and ter 605, F.S. Or, if this document is

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If Changing Registered Agent, Signature of New Registered Agent

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If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

itle	Name	Andress	Type of Actio
			Add
			Remove
<del></del>			🗖 Add
			□ Remove
			☐ Remove
<u> </u>			□ ∧dd
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			Петюче

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and the second s

D. If amending any other information, enter change(s) here: (Attach additional sheet	s, if necessary.)
E. Effective date, if other than the date of filing:	(optional)
E. Effective date, if other than the date of filing: (The effective date naist be specific, cannot be prior to date of receipt or filed date and cannot be more than the date this document is filed by the Florida Department of State)	90 days ruter
Dated 10 10 . 2015.	
Thonde Willaur	
Signature of a member or authörized representative of a memb Rhonda Williams	<b>w</b>
Typed of printed name of signee	<del></del>

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Filing Fec: \$25.00