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COVER LETTER

TO:

Registration Section Division of Corporations

SUB IFCT.

TAMPA INVESTMENT VENTURES, 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:

Prabodh C. Patel, Esquire

Name of Person

Straus & Patel, P.A.

Firm/Company

118 West Orange Street

Address

Altamonte Springs, FL 32714

City/State and Zip Code

lpather@strauspatel.com

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

For further information concerning this matter, please call:

Prabodh C. Patel, Esquire

_{..},407、331-5505

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

TAMPA INVESTMENT V			
(Name of the Lim	ited Liability Cor (A Florida Limit	mpany as it now appears on our records.) ted Liability Company)	
The Articles of Organization for this Limited Florida document number <u>L14000110151</u>	Liability Compa	any were filed on July 11, 2014	and assigned
This amendment is submitted to amend the fo			
A. If amending name, enter the new name	of the limited l	iability company here:	
n/a			
The new name must be distinguishable and end with th	e words "Limited !	Liability Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if appli	icable:	n/a	
(Principal office address MUST BE A STRE) ·	
			* /A
Enter new mailing address, if applicable:		n/a	T (CT
(Mailing address MAY BE A POST OFFICE	E BOX)		सुर्ग स्व
			y waray
B. If amending the registered agent and			nter the name of the nev
registered agent and/or the new registered of	omce auaress r	<u>iere</u> :	
Name of New Registered Agent:	n/a		
New Registered Office Address:			
		Enter Florida street address	
		, Florid	
		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.

If Changing Registered Agent, Signature of New Registered Agent

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:

MGR = Manager AMBR = Authorized Member **Type of Action** Address <u>Title</u> <u>Name</u> 170 Havilland Point **MBR** Sycamore Enterprises LLC 🖪 Add Longwood, FL 32779 ☐ Remove □ Add _□ Remove _□ Remove _🗆 Add ☐ Remove

n/a	
ffective date, if other than the date of	f filing:
e effective date must be specific, cannot be pric	or to date of receipt or filed date and cannot be more than 90 days after
te effective date must be specific, cannot be price the date this document is filed by the Florida Dep	or to date of receipt or filed date and cannot be more than 90 days after
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e effective date must be specific, cannot be price to date this document is filed by the Florida Dep	or to date of receipt or filed date and cannot be more than 90 days after partment of State)

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Filing Fee: \$25.00