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| (Requestor's Name) |
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| PICK-UP WAIT MAIL |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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MAY 1 0 2017 S. YOUNG SECRETARY OF STATE
TALLAHASSEE, FLORIDA
TALLAHASSEE, FLORIDA

Please notice these are all different LLCs

\$25 for filing

Christie Roda

813-817-9111

PO Box 340853

Tampa, FL 33694



ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

| Rental Properties Of Tamp | | | |
|--|--|--|----------------------------------|
| (Name of the Limit | ed Liability Compa (A Florida Limited | ny as it now appears on our reco Liability Company) | rds.) |
| The Articles of Organization for this Limited L | iability Company | were filed on 10/12/2012 | and assigned |
| Florida document number L12000130600 | · | | |
| This amendment is submitted to amend the following | owing: | | |
| 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 "LLC." Enter new principal offices address, if applicable: Suite 150A Tampa, FL 33607 Enter new mailing address, if applicable: PO Box 340853 Tampa, FL 33694 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: | | | |
| The new name must be distinguishable and contain the w | vords "Limited Liabi | lity Company," the designation "Ll | _C" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | 3030 N. Rocky Point I | Orive - |
| | | Suite 150A | 1 |
| Trincipal Office data ess MOST BL A STREET ADDRES | | Tampa, FL 33607 | 五主 |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | | PO Box 340853 | - |
| | | Tampa, FL 33694 | <u> </u> |
| 0 0 | | | _ |
| Name of New Registered Agent: | t Registered Agent, L | LC. | |
| New Registered Office Address: | 3030 N. R | Rocky Point Drive Sui | |
| | Tampa | , , , , | Florida 33607 |
| | | City | Zip Code |
| New Registered Agent's Signature, if changing l | 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

Tom Glover- Manager

Page 1 of 3

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 |
|--------------|---------------|---------------------------|----------------|
| MGRM | Christie Roda | 3030 N. Rocky Point Drive | |
| | | Suite 150A | Remove |
| | | Tampa, FL 33607 | ☐ Change |
| MGRM | Thomas Roda | 3030 N. Rocky Point Drive | |
| | | Suite 150A | □ Remove |
| | | Tampa, FL 33607 | Change |
| | | | Change Remove |
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| fective date, if other than the effective date is listed, the date is | ne date of filing | : | | (optiona | al) |
| on effective date is listed, the date note: If the date inserted in this | ust be specific and block does not m | cannot be prior to deet the applicable | ate of filing or more | than 90 days after fili | ng.) Pursuant to 605.0207 (3 |
| cument's effective date on the | Department of St | tate's records. | · bandonyg . | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
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| record specifies a delay | | ate, but not a | n effective tin | ne, at 12:01 a.n | n. on the earlier of: |
| The 90th day after the r | ecord is filed. | | | | |
| May 5 | | 2017 | | | |
| ated Iviay 5 | , | 2017 | | | |
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| | Signature of off | Music nember or authorize | od representative of | a member | |
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