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GEGALIZATA STATE

OCT 24 2019 S. YOUNG

## **COVER LETTER**

Registration Section Division of Corporations

TO:

SUBJECT: <u>B</u>	UILD	Name of Lin	NS OF GREATER  nited Liability Company	TAMPA BAY LL
The enclosed Artic	des of An	endment and fee(s) are sub	omitted for filing.	
Please return all co	erresponde	ence concerning this matter	to the following:	
		YUNIOR	PI WERO Name of Person	
		building soil	Pinn/Company	TAMPA BAY
		P.O. 100x	15450 Address	
		TAMPA FL	SS 684 City/State and Zip Code	
	-	YUNIOR 76 WY E-mail address:	AHOO. COM (to be used for future annual report not	lification)
For further informa	ation conc	erning this matter, please o	eall:	
YUNIOR	PLV Name of Pe	ERO rson	at ( <u>&amp; 13</u> ) <u>758 -</u> Area Code Daytin	3704 ne Telephone Number
Enclosed is a check	k for the f	ollowing amount:		
S25.00 Filing H	<sup>r</sup> ec	□ \$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)
). C P	Registration of P.O. Box (	G ADDRESS: on Section f Corporations 5327 ec, FL 32314	STREET/COUR Registration Secti Division of Corpo Clifton Building 2661 Executive C	on orations

Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	OF	₩ 19
ENILOIN 6 SXXVTION (Name of the Limited)	SOF 6 PEATER TEM Liability Company as it now appears on Florida Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liab	ility Company were filed on	05/12 and assigned
Florida document number <u>L1200007451</u>	9	
This amendment is submitted to amend the follow	ing:	سنة
A. If amending name, enter the new name of the	ne limited liability company here:	
The new name must be distinguishable and contain the word	ds "Limited Liability Company," the design	nation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicab	le:	
(Principal office address MUST BE A STREET)	ADDRESS)	
Enter new mailing address, if applicable: <u>(Mailing address MAY BE A POST OFFICE BO</u>	<u> </u>	
B. If amending the registered agent and/or registered agent and/or the new registered office		r records, enter the name of the
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 t 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person bein or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Ac
ambr	JUANITA S. HAYES	P.O. BOX 15450 TAMPAFL 3	3684 1 Add
			□ Remove
			□ Remove
	<del></del>		D Add
		<del></del>	□ Remove
			Change
		Remove	
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			☐ Change

(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 605.020 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a 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 the 90th day after the record is filed.  Dated SEP SOTH 2019		
Effective date, if other than the date of filing:		
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	(If an et <u>Note:</u>	fective 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. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
Signature of a member or authorized corresponds to a member	Dated	SEP 30th 2019
Signature of a member or authorized representative of a member		
— Signature of a member of authorized representative of a member		Signature of a member or authorized representative of a member

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Filing Fee: \$25.00