L04000018193

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SECRETARY OF STATE TALLAHASSEE, FLORIBA

COVER LETTER

TO: Registration Section

Division of Corporations			
CURTECE.	Tampa Bay Re	ental Management Li	I C
SUBJECT:		ited Liability Company	
The enclosed Articles	of Amendment and fee(s) are su	bmitted for filing.	
Please return all corre	spondence concerning this matte	r to the following:	
		Laura McDill Name of Person	
		TBRM	
		Firm/Company	
		19003 Falcons Pl Address	
	·	Tampa FL 33647 City/State and Zip Code	
	pm E-mail address: (cdill@tampabay.rr.com	notification)
For further information	n concerning this matter, please	call:	
Laura McDill Name of Person		at (813) Area Code & Do	558-0440 aytime Telephone Number
Enclosed is a check for	or the following amount:		
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enc	\$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 Bay Rental N	Management LLC
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company of Florida document numberL0400068193	were filed on09/20/2004 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	lity company here:
The new name must be distinguishable and end with the words "Limite "L.L.C."	ed Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	19003 Falcons Pl
(Principal office address MUST BE A STREET ADDRESS)	Tampa FL 33647
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 here	
Name of New Registered Agent:	-
New Registered Office Address:	ANCE OF THE PROPERTY OF THE PR
	Enter Florida street address
	City Zip Code
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent and agree the provisions of all statutes relative to the proper and comple accept the obligations of my position as registered agent as publing filed to merely reflect a change in the registered office of	ete performance of my duties, and I am familiar with and rovided for in Chapter 608, F.S. Or, if this document is
company has been notified in writing of this change.	

If Changing Registered Agent, Signature of New Registered Agent

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

MGR = Manager

MGRM = Managing Member Title Address **Type of Action** Name **MGRM** Laura McDill 19003 Falcons Pl **✓** Add Remove Tampa FL 33647 Paul McDill MGRM 19003 Falcons Pl **✓** Add Tampa FL 33647 Remove ☐ Add Remove □ Add Remove $\prod Add$ Remove \square Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 5/13 2010 Signature of a member or authorized representative of a member Harry Bilgray Typed or printed name of signee

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Filing Fee: \$25.00