105000084628

(Red	questor's Name)	
(Add	iress)	
(Ada	dress)	
(City	//State/Zip/Phone	e #)
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SECRETARY OF STATE

T. CLINE
JUL 2 6 2012
EXAMINER



FLORIDA DEPARTMENT OF STATE Division of Corporations

July 5, 2012

CARL WATKINS 5103 MEMORIAL HWY TAMPA, FL 33634

SUBJECT: TAMPA BAY BABY RENTALS, LLC

Ref. Number: L05000084628

We have received your document for TAMPA BAY BABY RENTALS, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Section 608.406, Florida Statutes, was amended effective July 1, 2007, to require the name of a limited liability company to be distinguishable from the names of all other filings filed with the Division of Corporations, except for fictitious name registrations and general partnership registrations.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. Adding of Florida or Florida to the end of the name is to acceptable. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must end with the words, "Limited Liability Company," the abbreviation "L.L.C.", or the designation "LLC"." The word "Limited" may be abbreviated as "Ltd." andthe word "Company" may be abbreviated as "Co." The following suffixes are no longer acceptable: "Limited Company", "L.C.", and "LC".

The document number of the name conflict is L05000036870.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tammi Cline Regulatory Specialist II

Letter Number: 412A00018116

COVER LETTER

	ion Section of Corporations		•	
SUBJECT:	TAMPA BAY BA	ABY RENTALS, LLC		
		ed Liability Company		
The enclosed Artic	les of Amendment and fee(s) are subn	nitted for filing.		
Please return all co	rrespondence concerning this matter t	o the following:		
		CARL T. WATKINS		
		Name of Person		
	CAI	RL T. WATKINS, INC		
		Firm/Company		
	510	03 MEMORIAL HWY		
		Address		
		TAMPA, FL. 33634		
	. 01	City/State and Zip Code		
	E-mail address: (fo	N@CTW-CPA.COM be used for future annual report notificat	(on)	
For further inform	ation concerning this matter, please ca	ıll:	 1	u.e
	CARL T. WATKINS	at (813 <u>+</u>) 88	4-3478 ASS 6	
	Name of Person	Area Code & Daytime T		
		•	SSEE SSEE	3 F
Enclosed is a chec	k for the following amount:	·		
\$25.00 Filing I	Fee \$\bigs\square \\$30.00 \text{ Filing Fee & Certificate of Status}	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	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 Registration Section Division of Corporati Clifton Building 2661 Executive Center	ons	

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

I AMPA	BAY BABY RENTAL	S, LLC	<u> </u>	
(A	<mark>Liability Company as it now ap</mark> Florida Limited Liability Compa	ny)		
The Articles of Organization for this Limited Liz Florida document numberL05000084		08-26-2005	and assigned	
This amendment is submitted to amend the follo	wing:			
A. If amending name, enter the new name of	the limited liability company	<u>/ here</u> :		
TAMPA BAY	FLORIDA RENTAL SER	VICES, LLC		
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Co	ompany," the designation "L	LC" or the abbreviation	
Enter new principal offices address, if applica	ble:			
(Principal office address MUST BE A STREET	(ADDRESS)			
			A SEED TO	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE I	30X)		AHASSEE	
			FC S	
B. If amending the registered agent and/or registered agent and/or the new registered of	r registered office address fice address here:	on our records, enter t	hername of the new	
Name of New Registered Agent:	CARL T. WATKINS, C	PA		
New Registered Office Address:	5103 MEMORIAL HWY			
	Enter Florida street address			
	TAMPA	, Florida	33634	
	City		Zip Code	
NY 15 1 4 10 1 4 10 1 1 1 1 1	N!-4 A4-			

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

	Name	Address	Type of Action
			Add Remove
			Add Remove
			Add Remove
*********	AP		Add Remove
- <u></u>			SECRETAL SALANS
·			SSE Memoria
If amend	ling any other information, enter chang	ze(s) here: (Attach additional sheets, if necessary.)	3/4 =

Page 2 of 2

Filing Fee: \$25.00