

L05000085149

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200074441422

05/15/06--01033--020 **60.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 MAY 15 AM 10:23

N/C
meal
list

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TP Orlando 504 LLC Doc # L05000085149
(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:

Pablo Smulevich

(Name of Person)

(Firm/Company)

19423 NE 17th Ave.

(Address)

North Miami Beach, FL 33179

(City/State and Zip Code)

For further information concerning this matter, please call:

Pablo Smulevich

(Name of Person)

at (305) 528-7080

(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**

TP Orlando 504 LLC

(Present Name)
(A Florida Limited Liability Company)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 MAY 15 AM 10:23

FIRST: The Articles of Organization were filed on 8/29/2005 and assigned
document number Doc # L05000085149

SECOND: This amendment is submitted to amend the following:

There was a typing error on the name:

The present name : TP Orlando 504 LLC

Should be changed to : TP Orlando 501 LLC

Dated April 25, 2006



Signature of a member or authorized representative of a member

Pablo Smulevich

Typed or printed name of signee

Filing Fee: \$25.00