## 10000015179

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## **COVER LETTER**

TO: Registration Sec Division of Corp				
SUBJECT: Tampa Property Management Services, LLC (Name of Limited Liability Company)				
	(Name of Limi	ted Liability Company)		
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspon	dence concerning this matter	to the following:		
	Michele L. Parylak			
		(Name of Person)		
	Tampa Property Manage	ment Services, LLC		
		(Firm/Company)		
	8140 W. Waters Avenue,	Suite C		
		(Address)		
	Tampa, FL 33615			
		(City/State and Zip Code)		
For further information co	oncerning this matter, please c	all:		
Michele L. Parylak		at ( 813 ) 854-2300	·	
(Name o	f Person)	(Area Code & Daytime T	elephone Number)	
Enclosed is a check for the	e 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:

TO:

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 Property Management Se	rvices, LLC	
(Name of the Limited (A	Liability Company as it now appears of Florida Limited Liability Company)	n our records.)
The Articles of Organization for this Limited Li	ability Company were filed on Februa	ary 10, 2006 and assigned
Florida document number L06000015179	<del>.</del>	•
771' 1 4' 1 '4 14 14 14 C.11	ta	
This amendment is submitted to amend the follo	owing:	
A. If amending name, enter the new name of	the limited liability company here:	
The new name must be distinguishable and end wit "L.L.C."	h the words "Limited Liability Company	"the designation "LLC" or the abbreviation
L.L.C.		•
Enter new principal offices address, if applic	able:	
(Principal office address MUST BE A STREE	T ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE A	BOX)	
B. If amending the registered agent and/o		records, enter the name of the new
registered agent and/or the new registered of	fice address here:	
		===
Name of New Registered Agent:	Michele L. Parylak	
New Registered Office Address:	8140 W. Waters Avenue, Suite C	SE T
	(Ente	r Florida street address) 🖔 🔀
	Tampa	, Florida 33615 ;
	(City)	(Zip Code)
New Registered Agent's Signature, if changing I	legistered Agent:	22 <del>4</del>
		$\mathcal{O}_{\mathcal{F}}$ $\omega$

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.

MIChele L Panylak
(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 <u>Name</u> Address Type of Action MGR Raymond K. Wateska ☐ Add 8140 W. Waters Avenue, Suite C Tampa, FL 33615 Remove MGR Michele L. Parylak 8140 W. Waters Avenue, Suite C Add Add Tampa, FL 33615 Remove 🗂 Add ☐ Add Remove Add Remove | Add 🗖 Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated September 18 Signature of a member or authorized opresentative of a member

Typed or printed name of signee

Michele L. Parylak

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Filing Fee: \$25.00