L06000092150

(Re	(Requestor's Name)			
(Add	dress)			
V - 2.	,			
· (Ado	dress)			
(Cit	y/State/Zip/Phone	≘ #)		
PICK-UP	☐ WAIT	MAIL		
<u>—</u>	_			
(Bu	siness Entity Nar	ne)		
(Do	cument Number)			
Certified Copies	Certificates	of Status		
Certified Copies	_ Certificates	- OI Olaius		
Special Instructions to I	Filing Officer:			





900141583249

01/23/09--01011--016 **25.00

T. HAMPTON

SEP - 1 2009

EXAMINER

COVER LETTER

TO:	Registration Sec Division of Corp	ction Porations			
SUBJE	CT:	Breeze Prope	erties of Tampa, LLC	;	
		Name of Limi	ited Liability Company	-	
The end	closed Articles of	Amendment and fee(s) are sul	bmitted for filing.		
Please	return all correspon	ndence concerning this matter	to the following:		
			Nicole Snodgrass		_
			Name of Person		•
		· · · · · · · · · · · · · · · · · · ·			-
			Firm/Company		
		609 \$	South Melville Ave, Unit	t 4	
			Address		-
			Tampa, FL 33606		
			City/State and Zip Code		-
		nik	kki g143@yahoo.com to be used for future annual report	notification)	
For fun	ther information co	oncoming this matter, please o			
	Nico	le Snodgrass	at (813)	965-2737	
	Name of	Person	Area Code & Di	sytime Telephone Numbe	भारता करता है। भारता करता करता करता करता करता करता करता
Enclose	ed is a check for th	e following amount:			
₹2 5	00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is encl	losed) Certifie	ate of Status &

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



RECEIVED

09 AUG 31 PM 4:00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

January 28, 2009

CLYDE SNODGRASS 609 S MELVILLE AVE STE 4 TAMPA, FL 33606

SUBJECT: BREEZE PROPERTIES OF TAMPA, LLC

Ref. Number: L06000092150

We have received your document for BREEZE PROPERTIES OF TAMPA, 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):

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with a telephone number where you can be reached during working hours.

Enclosed is you amendment that you requested to returned.

Please return the corrected original and one copy of 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) 245-6855.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 809A00003192

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Bree	ze Propertie:	s of Tampa, L	LC		
(Name of the Limite	d Liability Compa A Florida Limited I	ny as it now appear Liability Company)	s on our records.)		
The Articles of Organization for this Limited I	Liability Company	were filed on	9/16/2006	and assi	gned
Florida document numberL0600009	2150				
This amendment is submitted to amend the fol	lowing:				
A. If amending name, enter the new name	of the limited liab	ility company her	ē:		
·	Addvent Fun				
The new name must be distinguishable and end w "L.L.C."	ith the words "Lim	ited Liability Compa	ny," the designation "L	C" or the al	bbreviation
Enter new principal offices address, if appli	cable:	8330 Stone F	tun Court		0
(Principal office address MUST BE A STRE	ET ADDRESS)	Tampa, FL 33	3615	9	3S.A
				୍ଷ କ	오줌
				Ξ.	FARE CARL
Enter new mailing address, if applicable:		8330 Stone F	lun Court	3	300 B
(Mailing address MAY BE A POST OFFICE BOX)		Tampa, FL 33	3615	::	SIZ
					ON THE
B. If amending the registered agent and registered agent and/or the new registered to			our records, <u>enter t</u> l	ie name of	f the nev
Name of New Registered Agent:	Nicole Sno	dgrass			
New Registered Office Address:	609 South	Mel <u>ville Ave, Un</u>	it 4		
		En	ter Florida street addi	'ess	
		TAmpa	. Florida	33606	}
		City		Zip Code	
New Registered Agent's Signature, if changing	Registered Agent	i			

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:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
CEO	Clyde Snodgrass	609 South Melville Ave. Unit 4 Tampa, Fl. 33606	Add Remove
<u>VP</u>	James Snodgrass	609 South Melville Ave. Unit 4 Jampa, Fl. 33606	Add Remove
CEO_	Nicole Snodgrass	609 South Melville Ave, Unit 4 Tampa, FL 33606	Add Remove
<u>VP</u>	Ronald Robert Britton	5936 Redhawk Drive New Port Richey, EL 33655	/ Add ☐ Remove
			Add Rcmove
			Add Remove
D. If amen	nding any other information, enter	change(s) here: (Attach additional sheets, if necessary.)	
-			SECRETARY OF CORPO
Dated	August 28th	2009 La Mucha	DOF STATE RPORATIONS
	Signature of a	Member of authorized representative of a member Nicole Snodgrass Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00