

L07000 126549

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

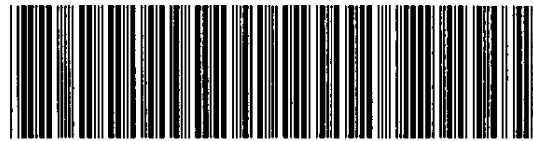
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SEP 22 PM 12:43
STATE OF FLORIDA
TALLAHASSEE

SEP 23 2016
J. HARRIS

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Tampa 15 Properties, LLC

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:

William Calderazzo

Name of Person

Firm/Company

P.O. Box 272880

Address

Tampa, FL 33688-2880

City/State and Zip Code

billc425@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

William Calderazzo

813 240-1269
at ()

Name of Person

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

Page 1 of 3

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	William Calderazzo	104 E. Fowler Ave. Suite 201	☐ Add
		Tampa, FL 33612-5237	☒ Remove
		104 E. Fowler Ave. Suite 201	☐ Change
MGR	Scott W. Calderazzo	Tampa, FL 33612-5237	☒ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
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			☐ Add
			☐ Remove
			☐ Change

SECRET
10 SEP 22 PM 12:43
TALLAHASSEE, FL 32310

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: October 1, 2016 (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated September 20, 2016

Signature _____

Signature of a member or authorized representative of a member

WILLIAM CALDERAZZO

Typed or printed name of signee

15 SEP 21 PM12:43
SECRETARY OF STATE
TALLAHASSEE FLORIDA