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SECRE LARY OF STATE

K. SALY DEC 21 2017

COVER LETTER

TC	P: Registration Sec Division of Corp			
21		rimaudo, DMD, PL		
SUBJECT:Name of Limited Liability Company				
Th	e enclosed Articles of a	Amendment and fee(s) are sub-	nitted for filing.	
Ple	ease return all correspon	ndence concerning this matter t	to the following:	
		Melissa M. Grimaudo		
			Name of Person	-
		 	Firm/Company	
		17200 Camelot Court		
			Address	
		Land O Lakes, FL 34638		
			City/State and Zip Code	
		jgrimaudo@gmail.com		
Fo	r further information co	oncerning this matter, please ca	o be used for future annual report notificall:	ation)
M	elissa M Grimaudo	:	813 345-8580	
	Name of	Person	at () Area Code Daytime	Telephone Number
En	closed is a check for th	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:

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



Joseph N. Grimaudo, DMD, PL

(Name of the Limited Linbility Company as it now appears on our records.)
(A Florida Limited Liability Company)

The A	ticles of Organization for this Limited Li	shilise Commone	st_d January 17, 20	
	document number L0800006650	ability Company w	ere med on	and assigned
		· · · · · · · · · · · · · · · · · · ·		
i nis ai	mendment is submitted to amend the follo	owing:		
A. If	mending name, enter the new name of	the limited liabili	ty company here:	
	iles Tampa Bay LLC			
i ne nev	name must be distinguishable and contain the w	ords "Limited Liability	Company," the designation "	"LLC" or the abbreviation "LL.C."
Enter	new principal offices address, if applica	able:		
(Princ	<u>ipal office address MUST BE A STREE</u>	T ADDRESS)		
Enter	new mailing address, if applicable:			
(Maili	ng address MAY BE A POST OFFICE	<u>BOX)</u>		
	amending the registered agent and/ ered agent and/or the new registered of		ce address on our rec	ords, enter the name of the new
	1		-	
	Name of New Registered Agent:	David A Lemar,	ir	
	New Registered Office Address:	1759 S Kings Av	e	
			Enter Florida street a	ddress
		Brandon		, Florida ³³⁵¹¹
			City	Zip Code
New I	degistered Agent's Signature, if changing I	Registered Agent:		
provi accep being	by accept the appointment as registere sions of all statutes relative to the propot the obligations of my position as regified to merely reflect a change in the any has been notified in writing of this	er and complete p istered agent as pr registered office a	erformance of my dutie ovided for in Chapter (es, and I am familiar with and 605, F.S. Or, if this document is
		. If Charle	ring Registered Aggan, glunn	nture of New Registered Agent

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>	Address	Type of Action
DR	Joseph N Grimaudo, DMD	17200 Camelot Court	
		Land O Lakes, FL 34638	■ Remove
			Change
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			TALLLANDER CHARGE
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	SECOND PM 6: 0
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	J. F. ORIC
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E. Effective date, if other than the date of filing:	(optional) ot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(
Note: If the date inserted in this block does not meet t	he applicable statutory filing requirements, this date will not be listed as the
document's effective date on the Department of State's	s records.
If the record specifies a delayed effective date, (b) The 90th day after the record is filed.	but not an effective time, at 12:01 a.m. on the earlier of:
(b) The Both day after the record is filed.	·
December 19 20	17
Dated Dated	·
Miller Mr In land	×
Signature of a memb	or or authorized representative of a member
,	
Melissa M. Grimaudo, DMD	
Турс	ed or printed name of signee

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Filing Fee: \$25.00