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SECRETARY OF STATE

D. BRUCE

SEP 16 2008

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: SOUTH TAMPA INVESTURS 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:		
JOANNE STEIN HARDT (Name of Person) SOUTH TAMPA THYESTORS LLC		
(Firm/Company)		
3001 W. BAY COURT AVENUE		
TAMPA FL 33611 (City/State and Zip Code) (City/State and Zip Code) (City/State and Zip Code)		
For further information concerning this matter, please call: DANA DANIS (Name of Person) at (813) 874-2017 (Area Code & Daytime Telephone Number)		
Enclosed is a check for the following amount: \$\Bigsim \frac{1}{2} \\$25.00 \text{ Filing Fee & Certificate of Status} \Bigsim \frac{1}{2} \\$55.00 \text{ Filing Fee & Certified Copy (additional copy is enclosed)} \Bigsim \frac{1}{2} \\$60.00 \text{ Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)} \Bigsim \frac{1}{2} \\$60.00 \text{ Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)} \Bigsim \frac{1}{2} \\$60.00 \text{ Filing Fee, Certified Copy (additional copy is enclosed)} \Bigsim \frac{1}{2} \\$60.00 \text{ Filing Fee, Certified Copy (additional copy is enclosed)} \Bigsim \frac{1}{2} \\$60.00 \text{ Filing Fee, Certified Copy (additional copy is enclosed)} \Bigsim \frac{1}{2} \\$60.00 \text{ Filing Fee, Certified Copy (additional copy is enclosed)} \Bigsim \frac{1}{2} \\$60.00 \text{ Filing Fee, Certified Copy (additional copy is enclosed)} \Bigsim \frac{1}{2} \\$60.00 \text{ Filing Fee, Certified Copy (additional copy is enclosed)} \Bigsim \frac{1}{2} \\$60.00 \Bigsim \text{ Filing Fee, Certified Copy (additional copy is enclosed)} \Bigsim \frac{1}{2} \\$60.00 \Bigsim \text{ Filing Fee, Certified Copy (additional copy is enclosed)} \Bigsim \frac{1}{2} \\$60.00 \Bigsim \text{ Filing Fee, Certified Copy (additional copy is enclosed)} \Bigsim \frac{1}{2} \\$60.00 \Bigsim \text{ Filing Fee, Certified Copy (additional copy is enclosed)} \Bigsim \frac{1}{2} \\$60.00 \Bigsim \text{ Filing Fee, Certified Copy (additional copy is enclosed)} \Bigsim \frac{1}{2} \\$60.00 \Bigsim \text{ Filing Fee, Certified Copy (additional copy is enclosed)} \Bigsim \frac{1}{2} \\$60.00 \Bigsim \text{ Filing Fee, Certified Copy (additional copy is enclosed)} \Bigsim \frac{1}{2} \\$60.00 \Bigsim \frac{1}{2} \Bigsi		
MAILING ADDRESS: Registration Section Division of Corporations STREET/COURIER ADDRESS: Registration Section Division of Corporations		

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SOUTH TAMPA TONESTURS LLC

(<u>Name of the Limited Liability</u> (A Florida Li	Company as it now appears on our records.) imited Liability Company)
The Articles of Organization for this Limited Liability Co Florida document number <u>L08000031394</u>	ompany were filed on <u>MARCH 27, 2008</u> and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limit	ted liability company here:
The new name must be distinguishable and end with the word "L.L.C."	ds "Limited Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRI	ESS) ASE S
	AH:
	TAR ASS
Enter new mailing address, if applicable:	E S
(Mailing address MAY BE A POST OFFICE BOX)	LS * M
	RATE O
B. If amending the registered agent and/or registered agent and/or the new registered office addresses	ered office address on our records, enter the name of the neverses here:
Name of New Registered Agent:	
New Registered Office Address:	
	(Enter Florida street address)
	, Florida
	(City) (Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

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 amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member **Type of Action** <u>Title</u> Name Address MGRM Remove MLS ENTERPRISES LLC WIERM MERM Mb-RM MGRM MGRM D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) MGRM Dated ____ Signature of a member or authorized representative of a member

Page 2 of 2

Typed or printed name of signee

Filing Fee: \$25.00