L080000045152

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SECRETARY OF STATE OF CORPORATIONS OF CORPORATIONS

J. BRYAN

AUG 1 2 2008

EXAMINER



Registration Section

TO:

COVER LETTER

Division of Cor	porations				
SUBJECT: My Tan	npa Bay Properties,				
•	(Name of Lim	ited Liability Company)			
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspo	endence concerning this matter	to the following:			
	Victoria Baksa				
		(Name of Person)			
	My Tampa Bay Propertie	0 Siver			
		Signal Signal			
			G PAR		
	235 Apollo Beach Blvd., Suite #121				
		(Address)	PH REPORT		
	Apollo Beach, FL 33572		JG 11 PH 2: 45		
		(City/State and Zip Code)	OB AUG 11 PH 2: 45		
For further information co	oncerning this matter, please c	all:			
Victoria Baksa		at (813 ₎ 785-9998 (c)			
(Name of Person)		(Area Code & Daytime Telephone Number)			
Enclosed is a check for the	ne 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



My Tampa Bay Properties, LLC

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

The Articles of Organization for this Limited L Florida document number L08000045152	iability Company	were filed on Ap	ril 23, 2008 and assigned
This amendment is submitted to amend the following	lowing:		
A. If amending name, <u>enter the new name o</u>	f the limited liab	ility company he	<u>re</u> :
The new name must be distinguishable and end wi'L.L.C."	th the words "Limi	ited Liability Comp	any," the designation "LLC" or the abbreviation
Enter new principal offices address, if applic	cable:	235 Apollo Be	ach Blvd., Suite #121
(Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable:		Apollo Beach,	FL 33572
		235 Apollo Beach Blvd., Suite #121	
(Mailing address MAY BE A POST OFFICE BOX)		Apollo Beach,	FL 33572
B. If amending the registered agent and registered agent and/or the new registered o			our records, <u>enter the name of the new</u>
New Registered Office Address:	235 Apollo Be	each Blvd., Suite	£121
		(I	nter Florida street address)
	Apollo Beach		, Florida <u>33572</u>
		(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 Changing Registered Agent, Signature of New Registered Agent)

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>:

<u>Title</u>	<u>Name</u>	Address	Type of Action
•			Add
			Add Remove
<u></u>			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If ameno	ling any other information, enter chan	ge(s) here: (Attach additional sheets, if necessary.))
			DIVISION OF OB AUG 11
_			ARY OF STATE F CORPORATIONS F CORPOR
			છા ₹
Dated Augus	Day Da	er or authorized representative of a member	0,

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Filing Fee: \$25.00