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12 JUN 18 PH 3: 33

SECTETARY TO STATE
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JUN 1 9 2012 T. HAMPTON

COVER LETTER

TO: Registratio Division of	on Section Corporations		,				
SUBJECT:	Tamp	a Eatz, LLC					
	Name of Limited Liability Company						
	es of Amendment and fee(s) are sub	_					
		Judy Karniewicz					
		Name of Person					
The Karniewicz Law Group							
		Firm/Company					
	14	06 W. Fletcher Avenue					
		Address					
	Т	ampa, Florida 33612					
	City/State and Zip Code						
	E-mail address: (to be used for future annual report n	otification)				
For further informat	ion concerning this matter, please o	call:					
	Judy Karniewicz	at (813)	962-0747				
	ame of Person		time Telephone Number				
Enclosed is a check	for the following amount:						
\$25.00 Filing Fe	ce \$\sum_\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclo	Section Sectio				
M	IAILING ADDRESS:	STREET/COL	JRIER ADDRESS:				

Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

TO SECULARY CONTRACTOR ARTICLES OF ORGANIZATION ASSUMED CONTRACTOR OF

12 JUN 18 PM 3: 33

(Name of the Limited Lin (A Fig.	Tampa Eatz, LLC bility Company as it now appears on our records.) rida Limited Liability Company)
The Articles of Organization for this Limited Liabil Florida document number	
This amendment is submitted to amend the following. A. If amending name, enter the new name of the	
The new name must be distinguishable and end with th "L.L.C."	e words "Limited Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable	e:
(Principal office address MUST BE A STREET A	DDRESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BO	<u> </u>
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our records, <u>enter the name of the new</u> address here:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
_	, Florida
	City Zin 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, 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>	Address	Type of Action		
MGRM	Michele Marant	111 S. Delaware Avenue #4 Tampa, Florida 33606	Add Remove		
MGRM	Thomas Gotro	111 S. Delaware Avenue #4 Tampa, Florida 33606	Add Remove		
MGRM	Roberto M. Crane	401 Channelside Walk Way #1369 Tampa, Florida 33602	Add Remove 		
MGRM	Thomas Colangelo	214 W. University Avenue Gainesville, Florida 32601	Add Remove		
<u>MGRM</u>	Daniel O. Sinor	1325 Stone Rd. #401 Tallahassee, Florida 32303	Add Remove		
+			Add Remove		
D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)					
Suite 16 Gainesville FL 32608			ENTERPRET CONTRACTOR OF THE SECOND FOR THE SECOND F		
Dated	Signature of a member of	or authorized representative of a member aniel O. Sinor	- RM 3: 33		
Typed or printed name of signee					

Page 2 of 2

Filing Fee: \$25.00