

**L09000093123**

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(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

**L. SELLERS**

OCT 28 2009

**EXAMINER**

Office Use Only



**900162125909**

10/26/09--01053--008 \*\*30.00

**FILED**  
**09 OCT 26 AM 8:56**  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

KEATING & SCHLITT, P.A.

*Attorneys and Counselors at Law*

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REAL PROPERTY

BUSINESS LAW

October 23, 2009

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

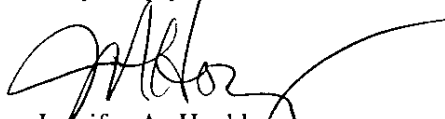
**RE:** Tampa Palms Center, LLC

To Whom It May Concern:

Enclosed please find an executed copy of an Articles of Amendment to Articles of Organization for the referenced entity, along with our firm's check in the amount of \$30.00 for the filing fee and Certificate of Status.

Please let us know if you have any questions. Thank you.

Very truly yours,



Jennifer A. Hochberger  
Paralegal to Kenneth L. Schlitt

\jah  
Enclosures

## COVER LETTER

TO: **Registration Section  
Division of Corporations**

SUBJECT: Tampa Palms Center, 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:

Kenneth L. Schlitt, Esquire

Name of Person

Keating & Schlitt, P.A.

Firm/Company

250 East Colonial Drive, Suite 300

Address

Orlando, FL 32801

City/State and Zip Code

dharma@omventures.com

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

For further information concerning this matter, please call:

Kenneth L. Schlitt, Esquire

Name of Person

at ( 407 )

425-2907

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

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

**Tampa Palms Center, 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 Liability Company were filed on September 28, 2009 and assigned Florida document number L09000093123.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

N/A

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

N/A

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

N/A

(Mailing address MAY BE A POST OFFICE BOX)

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

N/A

New Registered Office Address:

Enter Florida street address

Florida

City

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

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TALLAHASSEE FLORIDA

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>	<u>Address</u>	<u>Type of Action</u>
MGR	Dharma Malempati	PO Box 7008 Tampa, FL 33673	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Om Ventures, Inc.	PO Box 7008 Tampa, FL 33673	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

N/A

Dated October, 2009

  
Signature of a member or authorized representative of a member

Dharma Malempati  
Typed or printed name of signee

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

09 OCT 26 AM 8:56

FILED