

L10000057388

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

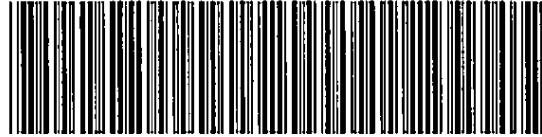
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
18 JUN 13 PM 2:52

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JUN 14 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Tampa Limo & Car 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:

Krista Rotondo
Name of Person

Tampa Limo & Car LLC
Firm/Company

4923 Londonderry Dr.
Address

Tampa, FL 33647
City/State and Zip Code

tampalimoandcar@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Krista Rotondo at (727) 871-7701
Name of Person 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 Limo & Car, LLC

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

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DIVISION OF CORPORATIONS
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The Articles of Organization for this Limited Liability Company were filed on 05/27/2010 and assigned
Florida document number L10000057388

This amendment is submitted to amend the following:

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

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

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

4923 Londonderry Dr.
Tampa, FL 33647

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

P.O. BOX 24104
Tampa, FL 33623

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:

Krista Rotondo

New Registered Office Address:

4923 Londonderry Dr.

Enter Florida street address

Tampa
City

Florida

33647
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 605, 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.

Krista Rotondo

If Changing Registered Agent, Signature of New Registered Agent

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>	<u>Address</u>	<u>Type of Action</u>
<u>MGR</u>	<u>Roberto Gonzalez</u>	<u>8209 N. Marks St.</u>	<input type="checkbox"/> Add
		<u>Tampa, Fl. 33604</u>	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>AMBR</u>	<u>Roberto Gonzalez</u>	<u>8209 N. Marks St.</u>	<input type="checkbox"/> Add
		<u>Tampa, Fl. 33604</u>	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>President</u>	<u>Lawrence Sanders St.</u>	<u>316 N. Hilltop Rd</u>	<input type="checkbox"/> Add
		<u>Brandon, Fl. 33520</u>	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>MGR</u>	<u>Krista Rotondo</u>	<u>4923 Londonderry Dr.</u>	<input checked="" type="checkbox"/> Add
		<u>Tampa, Fl. 33647</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>AMBR</u>	<u>Krista Rotondo</u>	<u>4923 Londonderry Dr.</u>	<input checked="" type="checkbox"/> Add
		<u>Tampa, Fl. 33647</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

Article IV - Update the address listed for
manager Krista Rotondo to read as follows:

4923 Condonberry Dr., Tampa, FL 33647

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E. Effective date, if other than the date of filing: _____ (optional)

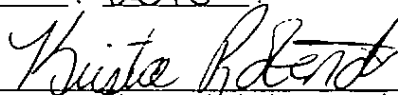
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated June 11, 2018



Signature of a member or authorized representative of a member

Krista Rotondo

Typed or printed name of signer