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I ALBRITTON

COVER LETTER

TO: Registration Se Division of Cor			
BY THE C,			
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Joseph DiGerlando		'
		Name of Person	
	BY THE C, LLC		
		Firm/Company	
	14608 N. Dale Mabry Hwy	′	
		Address	
	Tampa, FL 33618		
	floridaequitycapital@hotma	City/State and Zip Code iil.com	
	E-mail address: (to be used for future annual report notif	ication)
For further information co	oncerning this matter, please co	all:	
Josh Horrocks		813 961-8715 at ()	
Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a check for th	e 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

(Name of the Limited Liability Compar	C, L. L. C.
(A Florida Limited L	ny as it now appears on our records.) iability Company)
The Articles of Organization for this Limited Liability Company Florida document number	were filed on $U 3 20 D_{\text{and assigned}}$
This amendment is submitted to amend the following:	·
A. If amending name, enter the new name of the limited liabil	lity company here:
· · · · · · · · · · · · · · · · · · ·	
The new name must be distinguishable and contain the words "Limited Liabili	ty 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)	
	PA -
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	P
	3.00
	00
	fice 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:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	City Ziv 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.

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>	Type of Action
MGR	Joseph DiGerlando	14608 N. Dale Mabry Highway, Tampa, FL 33618	
			■ Remove
MGR			□ Change
	Northdale, LLC	14608 N. Dale Mabry Highway, Tampa, FL 33618	Add
			Remove
			Change
			D Add
			Remove
			Change
			🗖 Add
			Remove
			□ Change
			□ Add
		·	□ Remove
			Change
			D Add
			□ Remove
			☐ Change

	·
	
	
	
	
	
Effective date, if other than the date of filing:	suant to 605.0207 not be listed as
ne record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the 90th day after the record is filed.	he earlier o
Dated April 4. 2019	
Jated	

Page 3 of 3

Filing Fee: \$25.00

Typed or printed name of signee