L10000081525

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SECRETARY OF STATE TALLAHASSEE, FLORITA

D. BRUCE

NOV 1 4 2012

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

Ç,

Market Tampa Investments, 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:

Nell Skeen

Name of Person

Market Tampa

Firm/Company

P. O. Box 656

Address

Riverview, FL 33568

City/State and Zip Code

accounting@markettampa.com

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

For further information concerning this matter, please call:

Nell Skeen

__813\6**77-787**8

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

Market Tampa Investments LLC		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records. Liability Company))
The Articles of Organization for this Limited Liability Company Florida document number <u>L10000081525</u>	were filed on <u>08/04/2010</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and end with the words "Lim"L.L.C."	ited Liability Company," the designation	on "LLC" or the abbreviation
Enter new principal offices address, if applicable:	12626 S. US Hwy 41	12 SE
(Principal office address MUST BE A STREET ADDRESS)	Gibsonton, FL 33534	CAR TO
		ST T
Enter new mailing address, if applicable:	P.O. Box 656	
(Mailing address MAY BE A POST OFFICE BOX)	Riverview, FL 33568	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		ter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street	t address
	, Florid	a
	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, 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> **Address** Type of Action <u>Name</u> Justin W Savich P.O. Box 1860 **MGR** Riverview, FL 33568 Remove Justin W Savich P.O. Box 656 MGR Riverview, FL 33568 Remove Remove Remove Remove

D. If amer	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
1	New FEI/EIN Number 461342906
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_	
_	

Date No	ovember 8 2012
Dated	· · · · · · · · · · · · · · · · · · ·
	he la -
	Signature of a member or authorized representative of a member
	Justine W. Savich
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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