

L10000094075

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

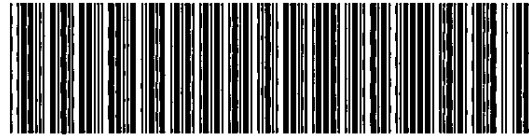
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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17 MAY -9 AM 7:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAY 11 2017
J SHIVERS

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Rental Properties Of Tampa Bay 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:

Christie Roda

Name of Person

Rental Properties Of Tampa Bay LLC

Firm/Company

PO Box 340853

Address

Tampa, FL 33694

City/State and Zip Code

RentalPropertiesOfTampaBay@gmail.com

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

For further information concerning this matter, please call:

Christie Roda

Name of Person

at (813) 817-9111

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**

Rental Properties Of Tampa Bay 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 09/08/2010 and assigned Florida document number L10000094075.

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)

3030 N. Rocky Point Drive

Suite 150A

Tampa, FL 33607

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

PO Box 340853

Tampa, FL 33694

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:

Northwest Registered Agent, LLC.

New Registered Office Address:

3030 N. Rocky Point Drive Suite 150A

Enter Florida street address

Tampa

City

, Florida

33607

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.



Tom Glover - Manager

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>
MGRM	Christie Roda	3030 N. Rocky Point Drive	☐ Add
		Suite 150A	☐ Remove
		Tampa, FL 33607	☒ Change
MGRM	Thomas Roda	3030 N. Rocky Point Drive	☐ Add
		Suite 150A	☐ Remove
		Tampa, FL 33607	☒ Change
			☐ Add
			☐ Remove
			☐ Change
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TALIAHASSI, FLORIDA

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SECRETARY OF STATE
TALAMASSET FORD

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(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.

Dated **May 5** **2017**

Arthur K. R. R.

Signature of a member or authorized representative of a member

Chronic Lethargy

Typed or printed name of signee