

L100000095043

2/28/2020

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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(((H20000068093 3)))



H200000680933ABC

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : NELSON MULLINS RILEY & SCARBOROUGH LLP
Account Number : I19980000090
Phone : (407)839-4200
Fax Number : (407)839-4264

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
WELLENS-BRUSCHAYT OF ORLANDO, LLC

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|-----------------------|---------|
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Corporate Filing Menu

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March 2, 2020

FLORIDA DEPARTMENT OF STATE
Division of Corporations

WELLENS-BRUSCHAYT OF ORLANDO, LLC
PO BOX 191
WINTER HAVEN, FL 33880US

SUBJECT: WELLENS-BRUSCHAYT OF ORLANDO, LLC
REF: L10000095043

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Octavia L Simmons FAX Aud. #: H20000068093
Regulatory Specialist II Supervisor Letter Number: 220A00004574

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

(H200000680933)

WELLENS-BRUSCHAYT OF ORLANDO, 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 10, 2010 and assigned
Florida document number L10000095043

This amendment is submitted to amend the following:

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

TAMPA MANAGEMENT CO., LLC

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)

390 North Orange Avenue

Suite 1400

Orlando, Florida 32801

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

390 North Orange Avenue

Suite 1400

Orlando, Florida 32801

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:

B&C Corporate Services of Central Florida, Inc.

New Registered Office Address:

390 North Orange Avenue, Suite 1400

Enter Florida street address

Orlando

City

Florida 32801

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.

If Changing Registered Agent, Signature of New Registered Agent

Anthony W. Palma, VP
B&C Corporate Services of Central
Florida, Inc.

(H200000680933)

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

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MGR = Manager

AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|--------------------|-------------------------------------|--|
| MGR | TATIANA A. WELLENS | Post Office Box 191 | <input type="checkbox"/> Add |
| | | Winter Haven, FL 33882-0191 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| MGR | ANTHONY W. PALMA | 390 North Orange Avenue, Suite 1400 | <input checked="" type="checkbox"/> Add |
| | | Orlando, FL 32801 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
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| | | | <input type="checkbox"/> Change |

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

[illegible]

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 February 28, 2020

2020



Member or authorized representative

Signature of a member or authorized representative of a member

TATIANA A. WELLENS

Typed or printed name of signee

Filing Fee: \$25.00

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