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(Re	equestor's Name)	
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(Ci	ty/State/Zip/Phone	÷#)
PICK-UP	WAIT	MAIL
(В	usiness Entity Nam	ne)
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Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	

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SECRETARY OF STATE

AUG 1 4 2015

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COVER LETTER

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TO: Registration Sec			·
Division of Corp	porations	•	
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	(_1	LUB 301 TAMP	g LLC
SUBJECT:	NI Climit	ed Liability Company	
	Name of Limit	ей ставину Сотрану	
The enclosed Articles of	Amendment and fee(s) are subm	nitted for filing.	
51 11			
Please return all correspon	ndence concerning this matter to	o the following:	
		(Junes : Russ	
		The gole is Dole	705
		Name of Person (b) 301 TAVIPG Firm/Company	•
	\mathcal{L}_{l}	06 301 1 AMPG	LLC
		Firm/Company	
		8822 North 1th	WY 301
		Address	-)
		Addiess	/
		TAMAC Z	22177
		TAMPS 7L City/State and Zip Code	32637
		City/State and Zip Code	
	E-mail address: (to	be used for future annual report notifi-	cation)
For further information co	oncerning this matter, please cal	11:	
	\frown . \nearrow .		
<u></u>	negruo Durgi	$\frac{2}{2}\int \int \frac{dt}{Area Code} \frac{3/3}{Daytime} $	- 9696
Name 6	Person	Area Code Daytime	Telephone Number
U	,		
/			
Enclosed is a check for th	ne following amount:		
	-		
☐ \$25.00 Filing Fee	□ \$30.00 Filing Fee &		□ \$60.00 Filing Fee,
	Certificate of Status	Certified Copy	Certificate of Status &
		(additional copy is enclosed)	Certified Copy (additional copy is enclose

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

Clot	6 301 TAMPA LLC
	Company as it now appears on our records.) Limited Liability Company)
The Articles of Organization for this Limited Liability Co. Florida document number	mpany were filed on
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limit	ed liability company here:
The new name must be distinguishable and contain the words "Limite	ed 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 ADDRE	ESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registe registered agent and/or the new registered office addre	ered office address on our records, enter the name of the neess here:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida City Zip Code
New Registered Apent's Sanature if changing Registered	A nont:

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 Page 1 of 3

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
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