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(Rec	questor's Name)	
(Ado	iress)	
(Add	dress)	
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COVER LETTER

TO:	Registration Sect Division of Corp			
		ution of Tampa LLC	•	
SUBJI	ECT:	Name of Limit	ted Liability Company	
The er	iclosed Articles of A	amendment and fee(s) are sub-	nitted for filing.	
Please	return all correspon	dence concerning this matter t	to the following:	
		Vladimir Garcia Companio	ni	
			Name of Person	
			Firm/Company	
		6223 Palmview CT		
			Address	
		Tampa, FL 33635		
			City/State and Zip Code	
		E-mail address: (to be used for future annual report no	tification)
For fu	orther information co	oncerning this matter, please ca	all:	
Vladi	mir Gracia		813 434-6625 at ()	me Telephone Number
	Name of	Person	Area Code Daytii	me Telephone Number
Enclo	sed 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)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration S Division of C P.O. Box 632 Tallahassee, I	Section orporations 7	Street Address: Registration S Division of Co The Centre of 2415 N. Mom Tallahassee, F	ection orporations Tallahassee oe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

pany as it now appears on our records.) d Liability Company)		
ny were filed onFLORIDA		and assigned
ability company here:		
ability Company," the designation "LLC" or	the abbr	eviation "L.L.C."
ce address on our records, <u>enter the</u>	e name	of the new regist
	<u></u>	
	7	5
Enter Florida street address		> 111
Classic		\cup
	u <u>a</u>	📆 Code
	ability company here: ability Company." the designation "LLC" or the address on our records, enter the Enter Florida street address	ability company here: ability Company," the designation "LLC" or the abbree address on our records, enter the name Enter Florida street address Florida

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 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>	Address	Type of Action
OTHER	Elio U Salvador Alfonso	6223 Palmview Ct	
		Tampa Fl 33625	= Remove
			□Change
EMPLOY	Adrian Diaz Ramirez	6817 N Habana Ave Lot 40	□Add
		Tampa F1 33614	=Remove
			□Change
			□ Add
			□Remove
			□Change
			Remove
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cument's effective d	ate on the Department	t of State's records.		<u> </u>	
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