## 11000046576

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T. CLINE

APR 25 2011

**EXAMINER** 

## **COVER LETTER**

TO:	Registration Se Division of Co					
SUBJE	CT:	Tinle	ey Park, LLC			
SOBJE						
The enc	losed Articles of	Amendment and fee(s) are su	bmitted for filing.			
Please re	eturn all correspo	ondence concerning this matte	r to the following:			
	James D. Palermo				_	
			Name of Person			
		De	eBartolo Holdings, LLo	C	_	
-			Firm/Company		_	
	15436 North Florida Avenue, Suite 200					
Address					<b>-</b>	
	Tampa, FL 33613				<b>⊣</b>	
		2011 APR 22 SECRETARY ALLAHASSE				
	jpalermo@debartoloholdings.com  E-mail address: (to be used for future annual report notification)					
For furth	her information of	concerning this matter, please	call:		R 22 A	
	Jam	es D. Palermo	at (_813_)	908-8400 Daytime Telephone Number	Y OF STAN	C
	Name o	of Person	Area Code &	Daytime Telephone Number		
Enclosed	d is a check for t	the following amount:				
\$25.0	00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is e	nclosed) Certifie	ate of Status &	sed)
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327		Registration	Corporations			

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314



## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	Park, LLC		
( <u>Name of the Limited Liability Com</u> (A Florida Limite	pany as it now appeared Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Liability Compa	any were filed on	April 19, 2011	and assigned
Florida document numberL11000046576			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited li	iability company her	<u>·e</u> :	
•	/ Park, LLC		
The new name must be distinguishable and end with the words "L "L.L.C."	imited Liability Compa	any," the designation "	'LLC" or the abbreviation
Enter new principal offices address, if applicable:			2011 SE
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>		
			ARY O
Enter new mailing address, if applicable:			TS S
(Mailing address MAY BE A POST OFFICE BOX)			DRIDA
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h		our records, enter	the name of the new
registered agent and/or the new registered office address in	iere.		
Name of New Registered Agent:			
New Registered Office Address:	Fn	ter Florida street ad	dress
	Lii		ar 600
	City	, Florida	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 amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = M MGRM =	anager Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add Remove
			☐ Add ☐ Remove
			Add Remove
			Add Remove
			Add Remove
			2011 A REPOVE SECOND TO REPOVE ALLAHASSS
D. If amer	nding any other information, enter chang	ge(s) here: (Attach additional sheets, if necessary.	
- 			· · · · · · · · · · · · · · · · · · ·
Dated	April 20 ,,	011	
	Ja	r or authorized representative of a member armes D. Palermo	
	Typed	or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00