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COVER LETTER

TO:	Registration Section Division of Corpo					
SUBJE	CT:	Tampa	Bay Bas	el Compa	T LL C	
		7	lame of Limit	ted Liability Con	mpany	
The enc	losed Articles of Ar	mendment and	fee(s) are sub	mitted for filing		
Please r	eturn all correspond	lence concerni	ng this matter	to the following	;;	
		υ	ohn L	Constanti Name of Po	n opoli crson	
			Tampa 1	Bagel Firm/Com	Company II	LLC
		Samuel Communication of the Co	400	S. M.	ic Dill Avenu	e, Ste 102
			79,	City/State and 2	334 \ \ Zip Code	
		E-i	nail address: (t	jlctamp	a@ hotmail . co	ion)
For furt	ner information con	cerning this ma	ntter, please ca	all:		
To	hn Canston Name of P	tinopoli		at (<u>& (</u>	ろ) くしっ - ⁴ Area Code & Daytime T	+564 elephone Number
	d is a check for the	_				
	00 Filing Fee MAILIN Registrati	Certificate	g Fee & e of Status	\$55.00 Fil Certified (addition		\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Division of P.O. Box	of Corporations	\		STREET/COURIER Registration Section Division of Corporati Clifton Building 2661 Executive Cente Tallahassee, FL 3230	ons r Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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11 OCT 17 PM 1:56

SECRETARY OF STATE

_	_	TALLAHASSEE, FLORIDA
Tampa Bay	Basel Compa	TILLE FLORIDA
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears	on our records.)
(A I torida Emilica I	ciaomity Company)	
The Articles of Organization for this Limited Liability Company	were filed on	5/25/11 and assigned
Florida document number 211 000061 876.		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
	mey company neec.	
The new name must be distinguishable and end with the words "Limi	ited 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)		
	·	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	-	
B. If amending the registered agent and/or registered of	fice address on our	records, enter the name of the new
registered agent and/or the new registered office address her	<u>e</u> :	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter	Florida street address
		, Florida
	City	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 Changing Registered Agent, Signature of New Registered Agent

Page 1 of 2

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

<u>Title</u>	Name	Address	Type of Action
<u>Mgrm</u>	Taru Corporation	Z0009 Lomand Lane	Add Remove
<u>Mgr</u> m	KNN Management Corportion	20106 Oak Alley Drive	Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amendin	g any other information, enter change((s) here: (Attach additional sheets, if necessary.)	_
			FILE 11 OCT 17 I SECRETATION OF TALLAMASSEE,
Dated	Ochber 12, 201		D PM 1:56 FLORIDA
	Tond (printed name of signee	

Page 2 of 2

Filing Fee: \$25.00