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Certified Copies	Certificates	s of Status
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Special Instructions to Fi	ling Officer:	





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2019 SEP -3 PM 2: 18

C. GOLDEN SEP 12 2019

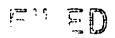
COVER LETTER

Registration Section
Division of Corporations

TO:

INVESTMENTS, LLC		
Name of Lin	nited Liability Company	
Amendment and fee(s) are sub	omitted for filing.	
ndence concerning this matter	to the following:	
ROBERT A. GIACIN EA		
	Name of Person	
-	Firm/Company	
3400 N. 37 Street		
Hollywood, Fl 33021-2520		
		port notification)
ncerning this matter, please ca	all:	
	954 926- at ()	7714
Person	Area Code	Daytime Telephone Number
following amount: To	CRETARY OF STATE	-
■ \$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)
iG ADDRESS:	STDFFT//	COUDIED ADDDESS.
ion Section of Corporations : 6327	Registratio Division of Clifton Bui	「Corporations
	Amendment and fee(s) are subsidence concerning this matter ROBERT A. GIACIN EA 3400 N. 37 Street Hollywood, Fl 33021-2520 bobg101@mindspring.com E-mail address: (ncerning this matter, please concerning this matter, please concerning this matter) Forson	Name of Limited Liability Company Amendment and fee(s) are submitted for filing. Indence concerning this matter to the following: ROBERT A. GIACIN EA Name of Person

TO ARTICLES OF ORGANIZATION OF



TAMPA FL INVESTMENTS, LLC

2019 SEP -3 PM 2: 18

(Name of the Limited	d Liability Company as it now appears on A Florida Limited Liability Company)	our records.)
(*	A Florida Chimed Clabinty Company)	
The Articles of Organization for this Limited Lia	bility Company were filed on June 16	, 2011 and assigned
Florida document number L11000070397	·	
This amendment is submitted to amend the follow	ving:	
A. If amending name, enter the new name of t	the limited liability company here:	
The new name must be distinguishable and contain the wor	rds "Limited Liability Company," the design	ation "LLC" or the abbreviation "L.I.,C."
Enter new principal offices address, if applical	ble:	
(Principal office address MUST BE A STREET	ADDRESS)	
Enton nous mailing address if annihable		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE B	<u>ox</u>)	
B. If amending the registered agent and/or	r registered office address on our	records, enter the name of the
registered agent and/or the new registered offi	ce address here:	
N. CN. D. L. L.		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida st	ert address
		, Florida
	Ciņ	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 to 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

MGR = P AMBR = P	Manager Authorized Member		
<u> Fitle</u>	Name	Address	Type of Action
MGR	Dorene M. Collier, Trustee	6208 S. Russell Street, Tampa, FL 33611	■ Add
			Remove
			Change
			
			Remove
			Change
			□ Remove
			Change
			
			Remove
			Change
			
			C Remove
			Change
			□ Remove
			Change

as trustee of the DORENE	M. COLLIER LIVING TRUST.	
		 -
<u></u>		
ective date, if other than the	August 16th, 2019 e date of filing:(optional)	
te: If the date inserted in this blument's effective date on the D	ust be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to clock does not meet the applicable statutory filing requirements, this date will not be Department of State's records.	605.0 listed
record specifies a delayed he 90th day after the rec	d effective date, but not an effective time, at 12:01 a.m. on the ecord is filed.	arliei
eded	2019	
Di, P	brene n Colle	_
Dorene M. Collier, Trus	Signature of a member or authorized representative of a member	
——————————————————————————————————————	Typed or printed name of signee	

Page 3 of 3 3 0
Filing Fee: \$25.00