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SECRETARY OF STATE
ALLAHASSEE, FLORIDA

COVER LETTER

	ration Section of Corpor				·	·				
SUBJECT:		The Stati	ion of Tam	oa. LLC						
SOBJECT			mited Liability C			***				
The enclosed A	rticles of Ame	endment and fee(s) are s	ubmitted for filin	ıg.						
Please return all correspondence concerning this matter to the following:										
			Tony G M							
Name of Person										
The Station of Tampa, LLC										
Firm/Company										
8405 N Edison Ave										
	Address									
			Tampa, FL	. 33604						
City/State and Zip Code										
		E-mail address:	garciacpa@y	vahoo.com	tification)	 				
For further infor	mation conce	rning this matter, please			,					
	Tony G	Muniz, Jr	at (813) 932-7944			944				
Name of Person				Area Code & Dayt	ime Telepho	ne Number				
Enclosed is a ch	eck for the fo	llowing amount:								
₹ 25.00 Filing	g Fee	\$30.00 Filing Fee & Certificate of Status	Certifie	iling Fee & d Copy nal copy is enclos	_	660.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)				
	Registration	Corporations 27	· : :	STREET/COUR Registration Sec Division of Corp Clifton Building 2661 Executive Tallahassee, FL	tion orations Center Circ					

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The	Station of Tampa, LLC	3		
(<u>Name of the Limited Li</u> (A Fi	iability Company as it now appe lorida Limited Liability Company	ars on our records.)		-
The Articles of Organization for this Limited Liab Florida document numberL110001022	• •	September 7, 201	1 and	assigned
This amendment is submitted to amend the follow	ring:			
A. If amending name, enter the new name of the	ne limited liability company ho	ere:		
The new name must be distinguishable and end with t "L.L.C."	he words "Limited Liability Comp	pany," the designation "l	LLC" or t	he abbreviation
Enter new principal offices address, if applicab	le:			
(Principal office address MUST BE A STREET A	ADDRESS)	· · · · · · · · · · · · · · · · · · ·		
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BC	<u></u>			
B. If amending the registered agent and/or registered agent and/or the new registered offic	registered office address on	our records, enter t	the nam	e of the new
registered agent and/or the new registered offic	e auuress nere.	Š	SEC	
Name of New Registered Agent:				<u> </u>
New Registered Office Address:		<u> </u>	β355 ~ γγ≺	٠ <u>١ </u>
	E	nter Florida street adb		
	0.	, Florida	35	
	City	ğ	Sr#Ip \$	a de

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

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> <u>Name</u> <u>Address</u> **Type of Action MGRM** Perry Gagliano 8405 N Edison Ave ✓ Add Tampa, FL 33604 Remove Remove Remove ☐ Add Remove \square Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) November 3 Dated_ Signature of a member or authorized representative of a member Tony G Muniz, Jr Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00