4/1000/35770

(Requestor's Name)	
(Address)	
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, ,	
(City/State/Zip/Phone #)	
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PICK-UP WAIT MA	IL
(Business Entity Name)	
(======,	
(Document Number)	
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COVER LETTER

то:	Registration Se Division of Cor			
eath tr	Metro TI L	LC		
SUBJE	CI:	Name of Lin	ited Liability Company	
The enc	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please r	eturn all correspo	ondence concerning this matter	to the following:	
		Richard Brown		
			Name of Person	
		Metro TI LLC		
			Firm/Company	
		150 2nd Avenue N, Suite	200	
			Address	
		St. Petersburg, FL 33701		
			City/State and Zip Code	
		cyndi.kilpatrick@mottomo:	* -	
		E-mail address: (to be used for future annual report noti	fication)
For furt	her information co	oncerning this matter, please co	all:	
Cyndi I	Kilpatrick		727 202-5626	
	Name o	f Person	Area Code Daytim	e Telephone Number
Enclose	d is a check for th	ne following amount:		
₽ \$ 25	.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Metro TI LI.C		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L11000135770	were filed on 12/1/2011	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	150 2nd Avenue N	→ 0
(Principal office address MUST BE A STREET ADDRESS)	Suite 200	1S 8
	St Petersburg, FL 33701	- 10 조건 - 23~
Enter new mailing address, if applicable:	150 2nd Avenue N	L WALL
(Mailing address MAY BE A POST OFFICE BOX)	Suite 200	
	St Petersburg, FL 33701	00 080
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her		ater the name of the nev
New Registered Office Address:	Enter Florida street address	
	, Florid	a
	Сиу	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 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

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>	Name	Address	Type of Action
			□ Remove
			Change
			□ Add
			□ Remove
			☐ Change
			□ Add
			□ Remove
			Change
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			Change
			Add
			Remove
			∏ Change

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		AH G
		OD: 11
Effective date, if other than the	9/10/2018 date of filing:	(optional)
If an effective date is listed, the date mu: <u>Note:</u> If the date inserted in this bl document's effective date on the D	date of filing: t be specific and cannot be prior to date of filing or more than ock does not meet the applicable statutory filing require epartment of State's records.	i 90 days after filing.) Pursuant to 605.0207 (rements, this date will not be listed as t
ne record specifies a delayed The 90th day after the rec	l effective date, but not an effective time, a ord is filed.	at 12:01 a.m. on the earlier of:
Dated September 11	2018	
	Signature of a member or authorized representative of a me	
**************************************	Signature of a member or authorized representative of a me	mber

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Typed or printed name of signee

Filing Fee: \$25.00