411000139328

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



800311673828

04/17/13--01030--004 **30.00

ALLAHASSE OF STATE

COVER LETTER

	gistration Sec rision of Corp			
SUBJECT.		EVELAND STREET, LLC		
SUBJECT:		Name of Limi	ited Liability Company	
The enclosed	d Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return	all correspor	ndence concerning this matter	to the following:	
		LARRY M. SEGALL, ESC	Q.	
			Name of Person	
-		GIBBONS NEUMAN		
			Firm/Company	
		3321 Henderson Blvd.		
			Address	
		Tampa, FL 33609		
		•	City/State and Zip Code	
		rcohen@cohengrieb.com		
		E-mail address: (t	to be used for future annual report notifi-	cation)
For further in	nformation co	ncerning this matter, please ca	il:	
Larry M. Se	gall		813 877-9222	
	Name of	Person	at () Area Code Daytime	Telephone Number
Enclosed is a	theck for the	e following amount:		
□ \$25.00 F	iling 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

3603 W. CLEVELA	AND STREET, LI	LC	
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appea Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Liability Company	were filed on _	December 12, 2011	and assigned
Florida document numberL11000139328			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	oility company h	ere:	
110 N. MacDill Avenue, LLC			
he new name must be distinguishable and contain the words "Limited Liabi	ility Company," the	designation "LLC" or the al	obreviation "L,L,C."
Enter new principal offices address, if applicable:	4203 W. Culbr	eath Avenue	
Principal office address MUST BE A STREET ADDRESS)	Tampa, FL 33	509	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
1241111 WHITE TAIL TO SEE THE TO SE THE TO SEE THE TO S			
	 		
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her		n our records, <u>enter</u>	the name of the
registered agent and or the new registered office address nor	<u>v</u> .		DIB,
Name of New Registered Agent:		-	APR I
New Registered Office Address:			The T
	Enter Flo	rida street address	
	C'a.	, 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 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 □ Add _□ Remove __ Change _ D Add __ 🗆 Remove _□ Change □ Add _□ Remove _□ Change DbA □_ _□ Remove _□ Change □ Remove

Page 2 of 3	

_____ Change

□ Add

□ Remove

☐ Change

			•							-
,										-
										-
										_
										-
	 									-
										-
								<u>≅</u>	: 22	-
***	78.44		·		 			区的	2018 A	
								25.55 55.55 55.55	APR	
								SEL	7	֭֭֡֝֡֞֞֜֡֡֡֡֜֜֜֡֡֡
								F().	ž	֟֝֟֝֟֝֟֝֟֝֟֝֟֝֟֜֜֟
								SKID.	5: 5	•
								} >	•	-
		·	•							-
					··					-
					•					-
fective dat	e, if other than t	ne date of f	ilino:				_ (option	al)		
n effective da	ate is listed, the date nate inserted in this	nust be specifi	c and cannot	be prior to di	te of filing or	more than 90	lays after fil	ing.) Pursu	ant to 605	5.020 ed a
cument's ef	fective date on the	Department	of State's r	ecords.		8	,		3. 00 115.	
record or	pecifies a delay	ad affactiv	vo dato h	uit not ar	offactive	stima at 1	2.01 5	n aa + h	ند معوان	~ = -
The 90th	day after the re	ecord is fil	ed.	at not a	CHECKIVE	: time, at 1	.2.UI a.ı	n, on a	ic earli	GI U
	April 11		2018							
ted										
			,							
	Poled	- Co	len			ve of a membe				

Page 3 of 3

Filing Fee: \$25.00