# L11000145509

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ACCOUNT NO. : I2000000195

REFERENCE: 32032

320322 4363870

AUTHORIZATION

COST LIMIT : \$25.0

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ORDER DATE : September 30, 2014

ORDER TIME : 8:48 AM

ORDER NO. : 320322-005

CUSTOMER NO: 4363870

### DOMESTIC AMENDMENT FILING

NAME: JJB MGMT., LLC

EFFECTIVE DATE:

XX ARTICLES OF AMENDMENT
RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

XX PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams -- EXT# 62935

EXAMINER'S INITIALS:

SECRETARY OF STATE
STATE OF STATE
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#### **COVER LETTER**

TO: Registration Section
Division of Corporations

SUBJECT: JJB MGMT., LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

# WILLIAM H. KELLY, JR.

Name of Person

BURKE, WARREN, MACKAY & SERRITELLA, P.C.

Firm/Company

330 North Wabash Avenue, 21st Floor

Address

Chicago, IL 60611-3607

City/State and Zip Code

## wkelly@burkelaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

# BARBARA J. DONATI

at (\_\_\_\_\_

340-7071

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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

J	JJB MGMT., LLC	
(Name of the Limited Liab) (A Flori	lity Company as it now appears on our records da Limited Liability Company)	)
The Articles of Organization for this Limited Liability Florida document number L11000145509	Company were filed on 12/29/2011	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
TAMPA RE LLC		
The new name must be distinguishable and end with the words "L	imited Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	·	<b>3</b> 60
(Principal office address MUST BE A STREET ADD	RESS)	に関う
		4 K C
		animatical
<b>T</b>		SERY -
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		5 5
		5K 0
B. If amending the registered agent and/or registered agent and/or the new registered office add		enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flori	
	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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			☐ Remove
		···	Remove
			<del></del>
			Add
			<del></del>
			□ Remove
		DAdd	
		Remove	
			☐ Remove

. If amo	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
•	
-	
-	
_	
-	
Effect	ive date, if other than the date of filing: (optional)
(The effe	extive date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after this document is filed by the Florida Department of State)
Dated	September 29 2014
	Signature of a member or authorized representative of a member
	JAMES J. BROWNE, Manager
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

SECRETARY OF STATE
WALLAMASSEE, FLORIDA