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**EXAMINER** 

## **COVER LETTER**

TO: Registration S Division of Co				
aup in cr	· FOTAL MAINTENAN	CE OF TAMPA BA	V 111C	
SUBJECT:		ted Liability Company	<u> </u>	
The enclosed Articles of	f Amendment and fee(s) are sub	mitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
		SUYEN PEREZ Name of Person		`
		Name of Person		
		Firm/Company		
	32	33 W COLUMBUS DF	₹	
		Address		
		TAMPA, FL 33607		t
•		City/State and Zip Code	4.72.72.50	<b>元</b>
`•	TAMPAMUL E-mail address: (1	TISERVICES@HOTN to be used for future annual repo	MAIL.COM	7
For further information	concerning this matter, please c			TARY OF
	, ,,			
	JYEN PEREZ	at (_813_)	454-7077	FIGURE
Name	of Person	Area Code &	Daytime Telephone Number	AND A
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 er	nclosed) Certified	te of Status &
Regis Divis P.O. I	LING ADDRESS: stration Section ion of Corporations Box 6327 hassee, FL 32314	Registration Division of Clifton Buil	COURIER ADDRESS:  1 Section Corporations Iding: 111111111111111111111111111111111111	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TOTAL MAI	NTENANCE OF TAMPA	BAY 1 LLC	<del></del>	
(Name of the Limite	d Liability Company as it now appe A Florida Limited Liability Company	)		
The Articles of Organization for this Limited I	Liability Company were filed on	03/19/2012	and assigned	
Florida document numberL1200003	88221			
This amendment is submitted to amend the fol	Howing:			
A. If amending name, enter the new name	of the limited liability company h	ere:		
The new name must be distinguishable and end w 'L.L.C.'	rith the words "Limited Liability Com	pany," the designation "L	LC" or the abbreviation	
Enter new principal offices address, if appli	icable:		નુષ્ટ 	
Principal office address MUST BE A STRE	ET ADDRESS)	ī	<b>7</b>	
			<b>5</b> m	
		3		
Enter new mailing address, if applicable:		[	N 1	
Mailing address MAY BE A POST OFFICE	E BOX)			
		·	257	
B. If amending the registered agent and registered agent and/or the new registered of	l/or registered office address on office address here:	our records, enter t	he name of the new	
Name of New Registered Agent:	SUYEN PEREZ			
New Registered Office Address:	3233 W COLUMBUS DR			
New Registered Office Address:	Enter Florida street address			
	TAMPA	, Florida	33607	
	City	, Fiorica	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 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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager .

MGRM = Managing Member Type of Action **Title** <u>Address</u> Name 1 3233 W COLUMBUS DR **MGRM** ARIEL PEREZ Remove TAMPA, FL 33607\_\_\_\_ MGRM SUYEN PEREZ 3233 W COLUMBUS DR TAMPA\_FL 33607\_\_\_\_\_ Remove Remove Add Remove  $\square$ Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member or authorized representative of a member SUYEN PEREZ Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00